

* original *

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filter ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	[] Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[] Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); PT / SUITE #; CITY; STATE; ZIP CODE		
	[] Receipt #; Amount \$		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[] Date Processed		
9 REPORT TYPE	[] Date Imaged		
	[] January 15; [] 30th day before election; [] Runoff; [] 15th day after campaign treasurer appointment (Officeholder Only); [] July 15; [] 8th day before election; [] Exceeded \$500 limit; [] Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year; THROUGH; Month Day Year		
	ELECTION DATE; ELECTION TYPE		
11 ELECTION	Month Day Year; [] Primary; [] Runoff; [] Other Description; [] General; [] Special		
	12 OFFICE; OFFICE HELD (if any); 13 OFFICE SOUGHT (if known)		
GO TO PAGE 2			


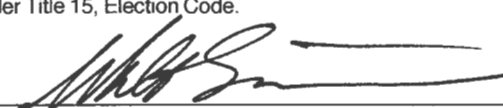
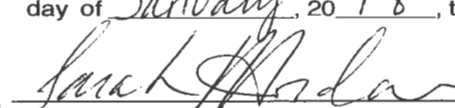
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Walt Smith</u>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,120.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,116.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9625.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT <div style="border: 2px solid black; padding: 5px; width: fit-content;">  <p>SARAH MUNOZ HOLDEN Notary Public, State of Texas Comm. Expires 02-10-2020 Notary ID 130532896</p> </div> <p style="font-size: small;">AFFIX NOTARY STAMP / SEAL ABOVE</p>	<p>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.</p> <div style="text-align: center;">  _____ Signature of Candidate or Officeholder </div> <p>Sworn to and subscribed before me, by the said <u>Walter B Smith Jr</u>, this the <u>17th</u> day of <u>January</u>, 20<u>18</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">  Signature of officer administering oath </div> <div style="width: 30%;"> <u>Sarah Holden</u> Printed name of officer administering oath </div> <div style="width: 30%;"> <u>Notary</u> Title of officer administering oath </div> </div>
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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Walt Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,620 ⁰⁰ _{xx}
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 25 ⁰⁰ _{xx}
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,116 ⁰⁸ _{xx}
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2000 ⁰⁰ _{xx}
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 225 ⁰⁰ _{xx}
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 12

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/17

5 Full name of contributor

Brent Gibbs

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

265 McKellar Rd

Dripping Springs, TX 78620

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/17

Full name of contributor

Robert Dutton

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

609 Primrose Ct

Angle, TX 76226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/07/17

Full name of contributor

Kate Williamson

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1410 Country Club Dr

Midland, TX 79701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/17

Full name of contributor

Elsa Murano

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

2314 Pioneer Trail

Bryan TX 77808

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Texas A&M University

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 12

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/17

5 Full name of contributor

James Richardson

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

16230 Woodlake Dr

City; State; Zip Code

College Station, TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/11/17

Full name of contributor

George Knappek

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

1206 Norfolk

City; State; Zip Code

College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/17

Full name of contributor

James Raulston

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

4010 Oak Meadow Grove Circle, College Station, TX 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/17

Full name of contributor

Michael Kozeliski

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

1503 Red Rock Dr, Gallup, NM 87301

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

11/30/17

Darin and Laura Byrd

6 Contributor address;

City; State; Zip Code

1425 Treble Waters Trl, Driftwood, TX 78619

\$500.00

8 Principal occupation / Job title (See Instructions)

Vice President

9 Employer (See Instructions)

JMFA

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

12/03/17

Laird Doran

Contributor address;

City; State; Zip Code

2915 Georgetown St Houston, TX 77005

\$500.00

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

The Friedman Group

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

12/07/17

Daniel O'Brien

Contributor address;

City; State; Zip Code

580 Aspen Dr Austin, TX 78737

\$1000.00

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self - Daniel O'Brien Law

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

12/07/17

William Little III

Contributor address;

City; State; Zip Code

1723 Grassy Field Rd Austin, TX 78737

\$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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 12

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

12/07/17

5 Full name of contributor

Claire Young

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City; State; Zip Code

18325 Flagler Dr Austin, TX 78738

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/07/17

Full name of contributor

Scott Tomhave

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

1500 Gattlin Cr. Rd. Driftwood, TX 78619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/08/17

Full name of contributor

Tim Tarpley

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

1327 D St. NE Washington, DC, 20002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/17

Full name of contributor

Bryant Williams

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

4150 Bell Springs Rd Drifting Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Partner

Ranch Road Holdings

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 12

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

12/31/17

5 Full name of contributor

Bryan Zumwalt

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

4109 18th St N

Arlington, VA 22207

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/17

Full name of contributor

James Durnil

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

3436 Greystone Dr

Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/17

Full name of contributor

Calvin and Karen Leckhart

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

PO Box 1077

Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/17

Full name of contributor

Sheila ~~Leckhart~~ Armitage

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

11/10/17

Angie Martin

\$20.00

6 Contributor address;

City; State; Zip Code

47 Fannin St

Tulsa, TX 74088

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/14/17

Russell Cross

\$200.00

Contributor address;

City; State; Zip Code

3017 Coronado Dr

College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/11/17

David Erntes and Cady Ackerman

\$100.00

Contributor address;

City; State; Zip Code

17747 Saddle Creek Dr College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/20/17

George Manassian

\$500.00

Contributor address;

City; State; Zip Code

6700 Hwy 280

Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 12

2 FILER NAME

~~Walt~~ Smith

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/17

5 Full name of contributor

Sheryl Bonilla

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$500⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

12/4/17

Full name of contributor

George Melrose

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5113 Southwest Pruy Suite 190, Austin, TX 78735

Amount of contribution (\$)

\$2500⁰⁰

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Lack Title Storage

Date

12/7/17

Full name of contributor

John Kroll

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

131 Running Deer

Dripping Springs, TX 78620

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

H MW K Global

Date

12/07/17

Full name of contributor

Rag Whisenant Campaign Fund

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Po Box #007

Dripping Springs, TX 78620

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Political

~~XXXXXXXXXX~~

Candidate

Employer (See Instructions)

Hays County

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 12

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

12/6/17

5 Full name of contributor

Will Conley

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

701 Mountain Crest Dr Wimberly TX 78676

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Conley Express Lube

Date

12/7/17

Full name of contributor

Keith and Jennifer LeFevre

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$2500.00

Contributor address;

City; State; Zip Code

31987 Miraloma Rd Dripping Springs TX

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Moxie

Date

12/7/17

Full name of contributor

Robert and Leah Wilkerson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1000.00

Contributor address;

City; State; Zip Code

161 Atwater CV Austin, TX 78737

Principal occupation / Job title (See Instructions)

Trainer/Advisor

Employer (See Instructions)

Fidelity

Date

12/6/17

Full name of contributor

Charles and Melanie Miller

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

300 Woods Loop Driftwood TX 78619

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 of 12

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

12/6/17

5 Full name of contributor

David and Rebekah Edwards

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$150.00

6 Contributor address;

4 Laurel Hill Dr

City; State; Zip Code

Austin, TX 78737

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/7/17

Full name of contributor

Matt and Kelly Daniel

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

1346 Treble Waters

City; State; Zip Code

Driftwood TX 78619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/7/17

Full name of contributor

Jan and Margaret Paul

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

310 Springwood Rd

City; State; Zip Code

Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/7/17

Full name of contributor

Lucy Hansen

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

930 Morgan Hill Dr

City; State; Zip Code

Dripping Springs TX 78620

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 of 12

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

12/7/17

5 Full name of contributor

Robert Avera

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

310 W Hwy 290

City; State; Zip Code

Dripping Springs, TX 78620

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/30/17

Full name of contributor

Russell and Carly Cunningham

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

131 Benney Lane, Suite 4 Dripping Springs, TX 78620

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Orthodontist

Employer (See Instructions)

Cunningham Orthodontics

Date

12/8/17

Full name of contributor

Brian ~~and~~ K. Goodson

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1500.00

Contributor address;

12524 Triple Creek Dr Dripping Springs, TX 78620

City; State; Zip Code

Principal occupation / Job title (See Instructions)

~~Regional Manager~~ Southern Regional Manager

Employer (See Instructions)

Wright Asphalt

Date

12/17/17

Full name of contributor

Rich and Sarah Beggs

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

1794 Trebled Waters Dr, Driftwood, TX 78619

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Partner / Consultant

Employer (See Instructions)

The Peloton Group

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11 of 12

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

11/29/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andrew and Tacie Zelhart

6 Contributor address;

City; State; Zip Code

PO Box 1709 San Marcos, TX 78667

7 Amount of contribution (\$)

\$250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/1/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kyle Florio

Contributor address;

City; State; Zip Code

PO Box 91293 Austin, TX 78709

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Travis Cox

Contributor address;

City; State; Zip Code

8600 Fm 150 W, Suite 200 Kyle, TX 78640

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Travis Cox Plumbing

Date

11/29/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wally and Linda Kinney

Contributor address;

City; State; Zip Code

1034 Hidden Hills Dr Dripping Springs, TX 78620

Amount of contribution (\$)

\$100⁰⁰

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12 of 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

Peter and Delores Stern

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

PO Box 316 Driftwood, TX 78619

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Walt Smith

Amount of contribution (\$)

\$5000.00

Contributor address;

City; State; Zip Code

Driftwood TX 78619

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

The Mallard Group

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)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ \$2500.00

5 Date

11/07/17

6 Full name of contributor

Scott Roberts

☐ out-of-state PAC (ID#:

7 Contributor address; City; State; Zip Code

18300 Fm 1826 Driftwood, TX 78619

8 Amount of Contribution \$

\$2500.00

9 In-kind contribution description

Food Provided for Event

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Owner

11 Employer (FOR NON-JUDICIAL)(See Instructions)

The Salt Rick BBQ

12 Contributor's principal occupation (FOR JUDICIAL)

~~Owner~~

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

~~The Salt Rick BBQ~~

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>Walt Smith</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>0</u>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender
a financial
Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political
account (See Instructions)

☐

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political
account (See Instructions)

☐

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name Patterson and Company			
6 Amount (\$) \$8227.28		7 Payee address; City; State; Zip Code 423 Smartly Jones Ave., Austin, TX 78737			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing, Websites Development		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, mailers, website	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name SEA The Salt Lick			
Amount (\$) \$737.80		Payee address; City; State; Zip Code 18300 FM 1826, Driftwood, TX 78619			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food For Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/31/17		Payee name Stripe, Inc.			
Amount (\$) \$151.00		Payee address; City; State; Zip Code 185 Berry St. Ste 500 San Francisco, CA 94107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) On line Payment Processing		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing of online contributions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

0

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
---	-------------

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
4 Date 12/10/17	5 Payee name Dripping Springs Lions Club	
6 Amount (\$) \$ 2000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 53 Dripping Springs, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (Sponsorship)	(b) Description <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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$) 0	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <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
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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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
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/17	5 Payee name Dripping Springs Chamber of Commerce	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 509 W. Mercer St, Dripping Springs, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Membership Dues	(b) Description (See instructions regarding type of information required.) Dues Required to join Chamber of Commerce
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED