

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 Filer)		2 Total pages filed: 48																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Mr.</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%;">Walter</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;">B</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td>Walt</td> <td style="font-size: small;">LAST</td> <td>Smith</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>			MS / MRS / MR	Mr.	FIRST	Walter	MI	B	NICKNAME	Walt	LAST	Smith	SUFFIX		<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">Received</div> <div style="font-size: 1.2em; font-weight: bold;">JAN 15 2019</div> <div style="font-size: 1.2em; font-weight: bold;">Elections Office</div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center; font-weight: bold;">DS</div> </div>							
	MS / MRS / MR	Mr.	FIRST	Walter	MI	B																	
NICKNAME	Walt	LAST	Smith	SUFFIX																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:35%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">Driftwood TX 78619</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Driftwood TX 78619															
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:50%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(202)</td> <td>352-7727</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(202)	352-7727		Date Hand-delivered or Date Postmarked													
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:35%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">Driftwood TX 78619</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Driftwood TX 78619					<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: small;">Receipt #</td> <td style="width:40%; font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$			Date Processed		Date Imaged	
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Driftwood TX 78619																							
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:50%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(979)</td> <td>574-0303</td> <td></td> </tr> </table>					AREA CODE	PHONE NUMBER	EXTENSION	(979)	574-0303													
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:15%;"><input type="checkbox"/> 30th day before election</td> <td style="width:15%;"><input type="checkbox"/> Runoff</td> <td style="width:15%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> <td></td> <td></td> </tr> </table>					<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:10%;"></td> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td>7</td> <td>01</td> <td>2018</td> <td style="text-align: center;">THROUGH</td> <td>12</td> <td>31</td> <td>2018</td> </tr> </table>					Month	Day	Year		Month	Day	Year	7	01	2018	THROUGH	12	31	2018				
Month	Day	Year		Month	Day	Year																	
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; font-size: small;">ELECTION DATE</td> <td style="width:65%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td style="text-align: center;">/ N/A /</td> <td></td> </tr> </table>					ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	/ N/A /													
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Walt Smith

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

Hays County Republican Party

☐ SPECIFIC

COMMITTEE ADDRESS

900 Bugg Lane Suite 11B San Marcos TX 78666

COMMITTEE CAMPAIGN TREASURER NAME

Mary Pat Paul

COMMITTEE CAMPAIGN TREASURER ADDRESS

310 Springwood Rd Dripping Springs TX 78620

☐ Additional Pages

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)

\$ 42,930.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 40,896.60

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

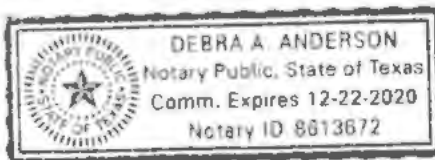
\$ 10,253.99

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 925.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Walt Smith
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Walt Smith, this the 15th
day of January, 2019, to certify which, witness my hand and seal of office.

Debra A. Anderson

Debra A. Anderson

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 42,930.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,895.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 925.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40,896.60
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input 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 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
8/14/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Half Associates - State PAC**6** Contributor address; City; State; Zip Code
1201 N Boswer Rd Richardson, TX 75081**7** Amount of contribution (\$)
\$500.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
8/14/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
DVA Holding Company - PAC StateContributor address; City; State; Zip Code
PO Box 7434 Mobile AL 36670Amount of contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/23/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Joseph CantalupoContributor address; City; State; Zip Code
647 Blue Sky Ln Wimberley TX 78676Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/21/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Karen FriezeContributor address; City; State; Zip Code
6603 Cat Creek Trl Austin TX 78731Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1****The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:
2 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date

8/15/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Charlotte Gilpin**6** Contributor address; City; State; Zip Code
8908 Gallant Fox Rd Austin TX 78737**7** Amount of contribution (\$)

\$100.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date

8/17/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Thomas OwensContributor address; City; State; Zip Code
9232 La Siesta Bend Austin TX 78749Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/13/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Willis ConnerContributor address; City; State; Zip Code
1717 W 6th St. Ste 375 Austin TX 78703Amount of contribution (\$)

\$500.00Principal occupation / Job title (See Instructions)
President/CEOEmployer (See Instructions)
Structurepoint Inc.Date

8/10/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
CP&Y PACContributor address; City; State; Zip Code
1820 Regal Row Ste 200 Dallas TX 75235Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:
3 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date

8/21/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
James Michael Heath**6** Contributor address; City; State; Zip Code
107 Settlers Valley Dr Pflugerville TX 78660**7** Amount of contribution (\$)

\$250.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date

8/23/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Steven WidackiContributor address; City; State; Zip Code
16103 Rustic Lane Austin TX 78717Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Julia HarrodContributor address; City; State; Zip Code
9002 Westerkirk Dr Austin TX 78750Amount of contribution (\$)

\$1000.00Principal occupation / Job title (See Instructions)
President/CEOEmployer (See Instructions)
MWM Design GroupDate

8/17/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Cobb Fendley PACContributor address; City; State; Zip Code
13430 Northwest Freeway Houston TX 77040
STE 1100Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

8/13/18

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

Huitt-Zollars Inc - Texas PAC

6 Contributor address;

City; State; Zip Code

1717 McKinney Ave. STE 1400 Dallas TX 75202

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

8/23/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brian Rice

Contributor address;

City; State; Zip Code

2905 Brian Wood Court

Cedar Park TX 78613

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Corporate Vice President

Employer (See Instructions)

Binkley & Bartfield

Date

8/12/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Brett Binkley

Contributor address;

City; State; Zip Code

9209 Stagecoach Dr

Houston TX 77041

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Binkley & Bartfield

Date

8/23/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Reyes

Contributor address;

City; State; Zip Code

3937 Octavia Dr

Pflugerville TX 78660

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

8/23/18

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

Republican Party of Texas

6 Contributor address;

PO Box 2206

City; State; Zip Code

Austin TX 78768

7 Amount of contribution (\$)

\$1250.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

7/7/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bryan Zumwalt

Contributor address;

4109 18th St. N

City; State; Zip Code

Arlington VA 22207

Amount of contribution (\$)

\$400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Heflin

Contributor address;

1001 4th St. SW

City; State; Zip Code

Washington DC 20024

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ann Carmichael

Contributor address;

811 4th St. NW

City; State; Zip Code

Washington DC 20024

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date

8/28/18**5** Full name of contributor
Julie Philip☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)

\$100.00

6 Contributor address;
321 14th St. NECity; State; Zip Code
Washington DC 20002**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor
Jordan Moon☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/31/18

\$100.00

Contributor address;
6010 21st NCity; State; Zip Code
Arlington VA 22205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor
Molly Fogarty☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/3/18

\$100.00

Contributor address;
9336 Boothe StCity; State; Zip Code
Alexandria VA 22309

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor
Russel Laird☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/4/18

\$50.00

Contributor address;
3535 N Globe RdCity; State; Zip Code
Arlington VA 22207

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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1 Total pages Schedule A1:
7 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

9/4/18

5 Full name of contributor

Sheryl Bonilla

☐ out-of-state PAC (ID#: _____)**6** Contributor address;610 E Market St
Unit 2918

City; State; Zip Code

San Antonio TX 78205

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/5/18

Full name of contributor

Barbara Hiden

☐ out-of-state PAC (ID#: _____)

Contributor address;

8494 Reservoir Rd

City; State; Zip Code

Fulton MD 20759

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

Tucker Schumack

☐ out-of-state PAC (ID#: _____)

Contributor address;

2346 S Nash St

City; State; Zip Code

Arlington VA 22202

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

Caroline Rydell

☐ out-of-state PAC (ID#: _____)

Contributor address;

605 North West St

City; State; Zip Code

Falls Church VA 22046

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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8 of 35**2** FILER NAME

Walt Smith

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9/5/18

5 Full name of contributor

Ryan Weston

☐ out-of-state PAC (ID#; _____)**6** Contributor address;
2512 F South Arlington
Mill Dr.City; State; Zip Code
Arlington VA 22207**7** Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/5/18

Full name of contributor

Sidney Rosenbaum

☐ out-of-state PAC (ID#; _____)Contributor address;
2018 N Monroe St.City; State; Zip Code
Arlington VA 22207

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6/18

Full name of contributor

Dave Ramey

☐ out-of-state PAC (ID#; _____)Contributor address;
15405 Hannans WayCity; State; Zip Code
Rockville MD 20853

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Kadesh & Associates

Date

9/5/18

Full name of contributor

John Blount

☐ out-of-state PAC (ID#; _____)Contributor address;
410 1st St. SE
STE 300City; State; Zip Code
Washington DC 20003

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

9/5/18

5 Full name of contributor

Matthew Mika

☐ out-of-state PAC (ID#:Contributor address;
1390 Kenyon St.
NW Apt 811City; State; Zip Code
Washington DC 20010**7** Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/5/18

Full name of contributor

Paul Gutierrez

☐ out-of-state PAC (ID#:Contributor address;
2001 12th St NW
Unit 114City; State; Zip Code
Washington DC 20009

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

H.R. Bert Pena

☐ out-of-state PAC (ID#:Contributor address;
4201 44th St. NWCity; State; Zip Code
Washington DC 20016

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

Michael Zehr

☐ out-of-state PAC (ID#:Contributor address;
1229 Franklin St. NECity; State; Zip Code
Washington DC 20017

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

9/5/18

5 Full name of contributor

Chris Miller

☐ out-of-state PAC (ID# _____)**6** Contributor address;

1242 C St NE

City; State; Zip Code

Washington DC 20002

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/5/18

Full name of contributor

Amy Callender

☐ out-of-state PAC (ID# _____)

Contributor address;

724 Sam Hill St

City; State; Zip Code

Irving TX 75062

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

Jocelyn Hong Lowe

☐ out-of-state PAC (ID# _____)

Contributor address;

2346 S Owen St

City; State; Zip Code

Arlington VA 22202

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

Julie Alsup

☐ out-of-state PAC (ID# _____)

Contributor address;

8410 Money Ln

City; State; Zip Code

Alexandria VA 22308

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

9/5/18

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

Mark Rey

6 Contributor address;

City; State; Zip Code

4418 Albermarle St. NW

Washington DC 20016

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

L.D. Myers

Contributor address;

City; State; Zip Code

412 First St.
Suite 1

Washington DC 20008

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roy Coffee

Contributor address;

City; State; Zip Code

3000 Blackburn St.
Apt 802

Dallas TX 75204

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Patrick Raffaniello

Contributor address;

City; State; Zip Code

1161 Old Gate CT

McLean VA 22102

Amount of contribution (\$)

\$200.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

9/5/18

5 Full name of contributor

Bill Brewster

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

PO Box 388

City; State; Zip Code

Marietta OK 73448

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/5/18

Full name of contributor

Hunter Moorhead

☐ out-of-state PAC (ID#: _____)

Contributor address;

606 Crestwood Dr

City; State; Zip Code

Alexandria VA 22302

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

William Rice

☐ out-of-state PAC (ID#: _____)

Contributor address;

6557 Main St.

City; State; Zip Code

The Plains VA 20198

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

Gerald Kunde

☐ out-of-state PAC (ID#: _____)

Contributor address;

6888 McLean Province Cir

City; State; Zip Code

Falls Church VA 22043

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Vice President Government Relations

Sysco

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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:
13 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

9/5/18

5 Full name of contributor

Jennifer Brown

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

1117 East Capital St. SE

City; State; Zip Code

Washington DC 20003

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

Senior Director of Federal Relations

9 Employer (See Instructions)

Texas Tech University

Date

8/23/18

Full name of contributor

Gulf States Toyota Inc - State PAC

☐ out-of-state PAC (ID#: _____)

Contributor address;

1375 Endlave Parkway

City; State; Zip Code

Houston TX 77077

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

Jan Phillips

☐ out-of-state PAC (ID#: _____)

Contributor address;

310 S Ross Ave

City; State; Zip Code

Mexia TX 76667

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/18

Full name of contributor

Jack Thompson

☐ out-of-state PAC (ID#: _____)

Contributor address;

704 15th St. SE

City; State; Zip Code

Washington DC 20003

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:
14 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date

9/11/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Anne Thompson
6 Contributor address; City; State; Zip Code
704 15th St Washington DC 20003**7** Amount of contribution (\$)

\$50.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date

9/11/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gordon Jones
Contributor address; City; State; Zip Code
8100 Ozark Dr. San Marcos TX 78666Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Tara Smith
Contributor address; City; State; Zip Code
1350 E St NE Apt 4 Washington DC 20002Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Michael Torrey
Contributor address; City; State; Zip Code
1514 North Fillmore St Arlington VA 22201Amount of contribution (\$)

\$300.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/5/18**5** Full name of contributor
Hunt Shipman☐ out-of-state PAC (ID#: _____)**6** Contributor address;
800 Main Ave SWCity; State; Zip Code
Washington DC 20024**7** Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/5/18

Full name of contributor
James Richards☐ out-of-state PAC (ID#: _____)Contributor address;
800 Main Ave SWCity; State; Zip Code
Washington DC 20024

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/18

Full name of contributor
Hays County Republican Party☐ out-of-state PAC (ID#: _____)Contributor address;
PO Box 1655City; State; Zip Code
San Marcos TX 78667

Amount of contribution (\$)

\$3000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/18

Full name of contributor
Republican Party of Texas☐ out of state PAC (ID#: _____)Contributor address;
PO Box 2206City; State; Zip Code
Austin TX 78768

Amount of contribution (\$)

\$750.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:
16 of 352 FILER NAME
Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date
9/10/185 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Robert Head7 Amount of contribution (\$)
\$250.006 Contributor address; City; State; Zip Code
20 South Chesapeake Ave Prince Frederick MD 20678

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/10/11Full name of contributor ☐ out-of-state PAC (ID#: _____)
Stoney BurkeAmount of contribution (\$)
\$500.00Contributor address; City; State; Zip Code
1009 9th ST. NE Washington DC 20037

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Aquia Group LLCDate
9/17/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Chris KelleyAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
2700 Virginia Ave NW #305 Washington DC 20037

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/18/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Melody BurnsAmount of contribution (\$)
\$200.00Contributor address; City; State; Zip Code
1704 Grassy Field Rd Austin TX 78737

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/18/18**5** Full name of contributor
Lisa Rulli☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)

\$50.00

6 Contributor address;
8305 Craftsbury LnCity: State: Zip Code
McKinney TX 75071**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/20/18Full name of contributor
Brent Gibbs☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75.00

Contributor address;
265 McKellor RdCity: State: Zip Code
Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/24/18Full name of contributor
John Rimann☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75.00

Contributor address;
PO Box 1286City: State: Zip Code
Austin TX 78767

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/24/18Full name of contributor
Hassan Anthony Essalin☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;
2162 Brianglen Dr.City: State: Zip Code
Houston TX 77027

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date

9/25/18**5** Full name of contributor ☐ out-of-state PAC (ID#:
Samina Bari**7** Amount of contribution (\$)

\$50.00**6** Contributor address; City; State; Zip Code
151 Vincas Shadow Crt Driftwood TX 78617**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date

9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Mary Pat & Sam PaulAmount of contribution (\$)

\$50.00Contributor address; City; State; Zip Code
310 Springwood Rd Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Martin Garza & Charlene CoxAmount of contribution (\$)

\$50.00Contributor address; City; State; Zip Code
185 Buckthorn Dr Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Clayton and Andrea MackAmount of contribution (\$)

\$100.00Contributor address; City; State; Zip Code
129 Cypress Springs Dr Driftwood TX 78619

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19 of 352 FILER NAME
Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date
9/27/185 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Michael and Kerry Cavender7 Amount of contribution (\$)
\$50.006 Contributor address; City; State; Zip Code
150 Vincas Shadow Crt Driftwood TX 78619

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Trey PowersAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
5950 Mesa Verde Cir Austin TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Scott & Jocelyn SextonAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
1457 Trebled Waters Trl Driftwood TX 78619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Brittney RicheyAmount of contribution (\$)
\$250.00Contributor address; City; State; Zip Code
PO Box 1533 San Marcos TX 78667

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
20 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/27/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Cindy Foreman**7** Amount of contribution (\$)
\$50.00**6** Contributor address; City; State; Zip Code
196 Cypress Springs Dr Driftwood TX 78619**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mary ClarksonAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
509 Cottonwood Creek Rd Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
David & Rebekah EdwardsAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
4 Laurel Hill Dr. Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Bob Parks & Cassie DysonAmount of contribution (\$)
\$250.00Contributor address; City; State; Zip Code
890 Moss Rose Ln Driftwood TX 78619

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:
21 of 352 FILER NAME
Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date
9/27/185 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kasey & Elizabeth Mock7 Amount of contribution (\$)
\$250.006 Contributor address; City; State; Zip Code
1 Butterfly Ln Wimberley TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Geoffrey & Katie TahuahuaAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
PO Box 2111 Austin TX 78767

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Tanner and Amanda GriffinAmount of contribution (\$)
\$150.00Contributor address; City; State; Zip Code
251 Cinder CV Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Clayton and Andrea MackAmount of contribution (\$)
\$20.00Contributor address; City; State; Zip Code
129 Cypress Springs Dr Driftwood TX 78619

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:
22 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/27/18**5** Full name of contributor
Kent Middleton☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$100.00**6** Contributor address;
10235 Twiin Lake LoopCity; State; Zip Code
Dripping Springs TX 78620**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/27/18Full name of contributor
Freedom Pest Protection☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$100.00Contributor address;
498 Chama TrceCity; State; Zip Code
Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor
Walter & Carol Elias☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address;
151 Eaton LnCity; State; Zip Code
Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor
Philip & Michele Hoggatt☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address;
5300 Bell Springs RdCity; State; Zip Code
Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:
23 of 352 FILER NAME
Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date
9/27/185 Full name of contributor
Donna Williamson☐ out-of-state PAC (ID#:7 Amount of contribution (\$)
\$25.006 Contributor address; City; State; Zip Code
416 Shadywood Ln Dripping Springs TX 78620

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/27/18Full name of contributor
Chris Johnson☐ out-of-state PAC (ID#:Amount of contribution (\$)
\$25.00Contributor address; City; State; Zip Code
1681 Hawthorne Loop Driftwood TX 78619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor
Samaratunga Family Trust☐ out-of-state PAC (ID#:Amount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
14331 Canonade Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor
Curtis Nettles☐ out-of-state PAC (ID#:Amount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
208 Drury Ln Austin TX 78737

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/27/18**5** Full name of contributor ☐ out-of-state PAC (ID#:
Karen Lockhart**7** Amount of contribution (\$)
\$150.00**6** Contributor address; City; State; Zip Code
PO Box 1077 Dripping Springs TX 78620**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Vicki AlvordAmount of contribution (\$)
\$200.00Contributor address; City; State; Zip Code
8 Canyon Creek Dr Wimberley TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Sherrie ParksAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
200 E Creek Dr Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Stephen & Abby RainesAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
PO Box 764 Austin TX 78767

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:
25 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/27/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Will Conley**7** Amount of contribution (\$)
\$1000.00**6** Contributor address; City; State; Zip Code
701 Mountain Crest Dr Wimberley TX 78676**8** Principal occupation / Job title (See Instructions)
President**9** Employer (See Instructions)
Conley EnterprisesDate
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Charlie & Georgia CatoeAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
1655 Grassy Field Rd Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Angela O'BrienAmount of contribution (\$)
\$500.00Contributor address; City; State; Zip Code
580 Aspen Dr Austin TX 78737Principal occupation / Job title (See Instructions)
PhysicianEmployer (See Instructions)
Austin Regional ClinicDate
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kelly PulidoAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
1370 Buffalo 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:
26 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/27/18**5** Full name of contributor ☐ out-of-state PAC (ID#:
Jeremy McConico**6** Contributor address; City; State; Zip Code
297 Vesper Canyon Lake TX 78133**7** Amount of contribution (\$)
\$50.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Gary CutlerContributor address; City; State; Zip Code
1035 Ranchers Club Ln Driftwood TX 78619Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Daniel Matz

Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Lynn-Marie BondsContributor address; City; State; Zip Code
8700 Manchaca RD #203 Austin TX 78748Amount of contribution (\$)
\$40.00

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:
27 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

9/27/18

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

Miles Frost

7 Amount of contribution (\$)

\$30.00

6 Contributor address;

City; State; Zip Code

201 Spanish Oak Trl

Dripping Springs TX 78620

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/27/18

Full name of contributor
Ron Jones☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

1280 Creek Rd

Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/18

Full name of contributor

Melody Burns

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1704 Grassy Field Rd

Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/18

Full name of contributor

Kelly George

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$175.00

Contributor address;

City; State; Zip Code

150 Harris Dr.

Austin TX 78737

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:
28 of 352 FILER NAME
Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date
9/27/185 Full name of contributor ☐ out-of-state PAC (ID#:
Emily Brandenberger7 Amount of contribution (\$)
\$50.006 Contributor address; City; State; Zip Code
1250 East Creek Dripping Springs TX 78620

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
J FosterAmount of contribution (\$)
\$25.00Contributor address; City; State; Zip Code
131 Empire Ct Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
Jennifer CochranAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
13820 Paisano Cir Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#:
William HerringAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
412 Twin Creek Cir 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:
29 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/27/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
William Little**7** Amount of contribution (\$)
\$100.00**6** Contributor address; City; State; Zip Code
1723 Grassy Field Rd Austin TX 78737**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Corby HolcombAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
199 Wild Plum Way Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Joan DanielsAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
408 Riva Ridge Plc Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Shane BauerleAmount of contribution (\$)
\$75.00Contributor address; City; State; Zip Code
421 Hudson Ln 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:
30 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
9/26/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Steve Spurlock**7** Amount of contribution (\$)
\$100.00**6** Contributor address; City; State; Zip Code
1700 Rio Grande St. Ste 100 Austin TX 78701**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/28/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Bryan/Amy Embry

Amount of contribution (\$)

Contributor address; City; State; Zip Code
250 McKeller Dripping Springs TX 78620

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/2/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Patriots in Action

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1005 Congress Ave STE 910 Austin TX 78701

\$2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/2/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jimmie/Barbara Stedinger

Amount of contribution (\$)

Contributor address; City; State; Zip Code
PO Box 449 Dripping Springs TX 78620

\$250.00

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:
31 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
10/5/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Avera Law Firm**6** Contributor address; City; State; Zip Code
310 Hwy 290 W Ste C Dripping Springs TX 78620**7** Amount of contribution (\$)
\$500.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
10/4/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Michael/Carolina TothContributor address; City; State; Zip Code
132 Venice CV Austin TX 78737Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/1/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Texans for Trent AshbyContributor address; City; State; Zip Code
110 Carriage Dr. Lufkin TX 75904Amount of contribution (\$)
\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/1/18Full name of contributor ☐ out-of-state PAC (ID#: 00065212)
H.U.R.D. PACContributor address; City; State; Zip Code
138 Conant St. 2nd Floor Beverly MA 01915Amount of contribution (\$)
\$1000.00

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:
32 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
10/1/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
HNTB Holdings LTD PAC**7** Amount of contribution (\$)
\$1,500.00**6** Contributor address; City; State; Zip Code
715 Kirk Dr. Kansas City MO 64104**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/28/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Bauerle Partners IncAmount of contribution (\$)
\$2,500.00Contributor address; City; State; Zip Code
13240 Rooster Springs Rd Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/26/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
HBA Home PACAmount of contribution (\$)
\$500.00Contributor address; City; State; Zip Code
8140 Exchange Dr Austin TX 78754

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/4/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kenneth DuttonAmount of contribution (\$)
\$350.00Contributor address; City; State; Zip Code
414 Haupt Square SE Leesburg VA 20175

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:
33 of 35**2** FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)**4** Date

10/11/18

5 Full name of contributor

William F Smith

☐ out-of-state PAC (ID#: _____)**6** Contributor address;
4161 E Hwy 290City; State; Zip Code
Dripping Springs TX 78620**7** Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

Realtor/Owner

9 Employer (See Instructions)

W.F. Smith Co.

Date

10/15/18

Full name of contributor

Patricia Burns

☐ out-of-state PAC (ID#: _____)Contributor address;
1704 Grassy Field RdCity; State; Zip Code
Austin TX 78737

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/18

Full name of contributor

David Kay

☐ out-of-state PAC (ID#: _____)Contributor address;
5227 Ridgedale AveCity; State; Zip Code
Dallas TX 75206

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Sunrise Wood Designs

Date

10/21/18

Full name of contributor

David Sefton

☐ out-of-state PAC (ID#: _____)Contributor address;
111 W Anderson Ln
STE E340BCity; State; Zip Code
Austin TX 78752

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Sefton CPA

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:
34 of 35**2** FILER NAME
Walt Smith**3** Filer ID (Ethics Commission Filers)**4** Date
10/23/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
James Kennedy**7** Amount of contribution (\$)
\$500.00**6** Contributor address; City; State; Zip Code
1101 S. Capital of Texas Hwy Austin TX 78746**8** Principal occupation / Job title (See Instructions)
Vice President**9** Employer (See Instructions)
WSB & Assoc.Date
9/27/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
RECA - Good Government PACAmount of contribution (\$)
\$1000.00Contributor address; City; State; Zip Code
98 San Jacinto Blvd
Suite 510 Austin TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/25/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
R Scott NanceAmount of contribution (\$)
\$150.00Contributor address; City; State; Zip Code
205 Live Oak Dr Mountain City TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/5/18Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kennon BeasleyAmount of contribution (\$)
\$150.00Contributor address; City; State; Zip Code
829 Ranchers Club Lande 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:
35 of 35

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

1/4/18

5 Full name of contributor

HDR Inc - PAC

☐ out-of-state PAC (ID#: C00103903)

7 Amount of contribution (\$)

\$1,500.00

6 Contributor address:

8404 Indian Hills Dr

City: State: Zip Code

Omaha NE 68114

8 Principal occupation / Job title (See Instructions)

9 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)

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: 1 of 2	
2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 9/27/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: The Salt Lick 7 Contributor address; City; State; Zip Code 18300 FM 1826 Driftwood TX 78619	8 Amount of Contribution \$ \$2,595.00	9 In-kind contribution description Food & service for fundraising event <input type="checkbox"/> 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 9/27/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: C Chae Tracey Contributor address; City; State; Zip Code 106 Buckthorn Dr. Dripping Springs TX 78620	Amount of Contribution \$ \$1000.00	In-kind contribution description Band for fundraising event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Chiropractor		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2 of 2

2 FILER NAME
Walt Smith

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
9/27/18

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Chuck & Melanie Miller

7 Contributor address; City; State; Zip Code
300 Woods Loop Dripping Springs TX 78620

8 Amount of Contribution \$
\$300.00

9 In-kind contribution description
Petting Zoo for fundraising 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)
Critters 2 Cuddle LLC - Petting Zoo

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date

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

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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 10/5/18	7 Name of lender Walt Smith <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$925.00
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code Driftwood TX 78619	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) The Mallard Group LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none	Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 of 8	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
---	-----------------------------------	--

4 Date 7/5/18	5 Payee name Sarah Hall Consulting LLC
-------------------------	--

6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 312 Fletcher Bend Buda TX 78610
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of services
---	---	---

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

Date 7/24/18	Payee name HCRW
-----------------	--------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 1928 San Marcos TX 78667
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
---------------------------------------	--	---

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

Date 7/24/18	Payee name Gary Cutler Campaign
-----------------	------------------------------------

Amount (\$) \$1500.00	Payee address; City; State; Zip Code 1035 Ranchers Club Ln Driftwood TX 78619
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
---------------------------------------	--	---

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 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 2 of 8	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
-------------------------------------	----------------------------	---------------------------------------

4 Date 8/2/18	5 Payee name Sarah Hall Consulting LLC
------------------	---

6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 312 Fletcher Bend Buda TX 78610
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of services
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/28/18	Payee name Bill Baily Signs
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Amount (\$) \$246.68	Payee address; City; State; Zip Code 12010 W E Hwy 290 Ste. 100 Austin TX 78737
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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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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Date 8/28/18	Payee name Dripping Springs Texas Tech Alumni
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 17th and Universtiy Lubbock TX 79409
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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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 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: 3 of 4		2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 9/5/18		5 Payee name Kyle Florio			
6 Amount (\$) \$800.00		7 Payee address; City; State; Zip Code 433 Sportsplex Dr. Suite 100 Dripping Springs TX 78620			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/5/18		Payee name Sarah Hall Consulting LLC			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 312 Fletcher Bend Buda TX 78610			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/13/18		Payee name Dripping Springs Rotary Foundation			
Amount (\$) \$500.00		Payee address; City; State; Zip Code PO Box 1033 Dripping Springs TX 78620			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 4 of 4	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 9/30/18	5 Payee name Stripe
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6 Amount (\$) \$145.68	7 Payee address; City; State; Zip Code 185 Berry St. Ste 500 San Francisco CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online Payment Processing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing online payments
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/18	Payee name Big Frog T-Shirts
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Amount (\$) \$1020.26	Payee address; City; State; Zip Code 5400 Brodie Ln Ste 235 Austin TX 78745
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts
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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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Date 9/17/18	Payee name Hays County Bar Association
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Amount (\$) \$200.00	Payee address; City; State; Zip Code Dripping Springs TX 78620
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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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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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: 5 of 4		2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 9/29/18		5 Payee name Lone Star Cattlemen			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code PO Box 113 Fredricksburg TX 78624			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/1/18		Payee name Sarah Hall Consulting LLC			
Amount (\$) \$831.73		Payee address; City; State; Zip Code 312 Fletcher Bend Buda TX 78610			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/18		Payee name Dripping Springs Education Foundation			
Amount (\$) \$400.00		Payee address; City; State; Zip Code PO Box 479 Dripping Springs TX 78620			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6 of 4		2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 10/3/18		5 Payee name Patterson and Company			
6 Amount (\$) \$20,000.00		7 Payee address; City; State; Zip Code 423 Sandy Jones Dr. Dripping Springs TX 78737			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting, adverstising, printing expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers, website, printing	
		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date 10/10/18		Payee name Friends of Pound House			
Amount (\$) \$1950.00		Payee address; City; State; Zip Code 570 Founders Park Rd. Dripping Springs TX 78620			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date 10/29/18		Payee name Stripe			
Amount (\$) \$47.60		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) Online 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 online payments	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 7 of 4	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 11/1/18	5 Payee name Sarah Hall Consulting LLC
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 312 Fletcher Bend Buda TX 78610
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of services
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/30/18	Payee name Patterson and Company
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Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 423 Sandy Jones Dr. Dripping Springs TX 78737
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting, adverstising, printing expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers, website, printing
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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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Date 12/1/18	Payee name Sarah Hall Consulting LLC
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 312 Fletcher Bend Buda TX 78610
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of services
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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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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: 8 of 8	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
4 Date 11/5/18	5 Payee name Stripe	
6 Amount (\$) \$4.65	7 Payee address; City; State; Zip Code 185 Berry St. Ste 500 San Francisco CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online Payment Processing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing online payments
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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