

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">MS / MRS / MR</td> <td style="width:50%; text-align: center;">FIRST</td> <td style="width:25%; font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Walter</td> <td style="text-align: center;">B</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Walt Smith</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr. Walter	B	NICKNAME	LAST	SUFFIX		Walt Smith		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.2em; color: blue; font-weight: bold;">Received</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">JAN 14 2020</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">Elections Office</div>	
MS / MRS / MR	FIRST	MI													
	Mr. Walter	B													
NICKNAME	LAST	SUFFIX													
	Walt Smith														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 167 Vincas Shadow Court Driftwood TX 78619														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 202 ) 352-7727														
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">MS / MRS / MR</td> <td style="width:50%; text-align: center;">FIRST</td> <td style="width:25%; font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Mrs. Kelly</td> <td style="text-align: center;">A</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Smith</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mrs. Kelly	A	NICKNAME	LAST	SUFFIX		Smith		Receipt # Amount \$  Date Processed  Date Imaged	
MS / MRS / MR	FIRST	MI													
	Mrs. Kelly	A													
NICKNAME	LAST	SUFFIX													
	Smith														
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 167 Vincas Shadow Court Driftwood TX 78619														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 979 ) 574-0303														
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</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> </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="text-align: center; font-size: small;">Month Day Year</td> <td style="width: 20%; text-align: center;">THROUGH</td> <td style="text-align: center; font-size: small;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">07 / 01 / 2019</td> <td></td> <td style="text-align: center; font-size: 1.2em;">12 / 31 / 2019</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	07 / 01 / 2019		12 / 31 / 2019						
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07 / 01 / 2019		12 / 31 / 2019													
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; text-align: center; font-size: small;">ELECTION DATE</td> <td colspan="2" style="text-align: center; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month Day Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="text-align: center; font-size: small;">/ /</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	/ /	<input type="checkbox"/> General	<input type="checkbox"/> Special		<input type="checkbox"/> Other Description	
ELECTION DATE	ELECTION TYPE														
Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff													
/ /	<input type="checkbox"/> General	<input type="checkbox"/> Special													
	<input type="checkbox"/> Other Description														
12 OFFICE	OFFICE HELD (if any)  Hays County Commissioner Precinct 4	13 OFFICE SOUGHT (if known)													

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 112.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 936.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 925.00

18 AFFIDAVIT

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.

DEBRA A. ANDERSON  
Notary Public, State of Texas  
Comm. Expires 12-22-2020  
Notary ID 8613672

*Walt Smith*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Walt Smith, this the 14<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.

*Debra A. Anderson*

Signature of officer administering oath

Debra A. Anderson

Printed name of officer administering oath

Notary

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 SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 112.20
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 1

2 FILER NAME **Walt Smith**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/17**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jennifer Drucker**

7 Amount of contribution (\$)  
**\$150.00**

6 Contributor address; City; State; Zip Code  
**317 15th St NE Washington DC 20002**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**11/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bryan Zumwalt**

Amount of contribution (\$)  
**\$250.00**

Contributor address; City; State; Zip Code  
**4109 18th St N. Arlington VA 22207**

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.

# 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  
**10/15/18**

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )  
**Walt Smith**

9 Loan Amount (\$)  
**\$925.00**

6 Is lender a financial Institution?  
**Y N X**

8 Lender address; City; State; Zip Code  
**167 Vincas Shadow Court  
Driftwood TX 78619**

10 Interest rate  
**None**

11 Maturity date  
**None**

12 Principal occupation / Job title (See Instructions)  
**Owner**

13 Employer (See Instructions)  
**The Mallard Group LLC**

14 Description of Collateral  
 none

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

16 GUARANTOR INFORMATION  
  
 not applicable

17 Name of guarantor  
  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial Institution?  
**Y N**

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

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

GUARANTOR INFORMATION  
  
 not applicable

Name of guarantor  
  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 1      2 FILER NAME: Walt Smith      3 Filer ID (Ethics Commission Filers)

4 Date: 8/2/19      5 Payee name: Central Texas Dispute Resolutions

6 Amount (\$):      7 Payee address; City; State; Zip Code: 300 S CM Allen Parkway San Marcos TX 78666

8 <b>PURPOSE OF EXPENDITURE</b>	(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  T-shirt donation
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9 Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: 10/21/19      Payee name: Stripe

Amount (\$): \$4.65      Payee address; City; State; Zip Code: 185 Berry St. Ste 500 San Francisco CA 94107

<b>PURPOSE OF EXPENDITURE</b>	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
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Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: 11/27/19      Payee name: Stripe

Amount (\$): \$7.55      Payee address; City; State; Zip Code: 185 Berry St. Ste 500 San Francisco CA 94107

<b>PURPOSE OF EXPENDITURE</b>	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 ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

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