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				
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr Walter		MI B	OFFICE USE ONLY				
	NICKNAME Walt	LAST Smith	suffix Jr	Date Received	eceived			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE Driftwood Texas 78619				L 1 4 2022 ions Office			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (202)	PHONE NUMBER		ed or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs Nickname	FIRST Kelly LAST Smith	Receipt # Date Processed Date Imaged	Amount \$				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; Driftwood Texas 78619						
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 738-9181	EXTENSION					
9 REPORT TYPE	January 15	30th day before e		(Officehols	after campaign appointment der Only) ont (Assech C/OH - FR)			
10 PERIOD COVERED	Month 2	Day Year 20 / 22	Month THROUGH 6	- 30 / 22				
11 ELECTION	ELECTION D Month Day 11 / 8	Year Primary	ELECTION TYPE Runoff Other Description Special					
12 OFFICE	OFFICE HELD (If any Hays County C	ommissioner Precinct	13 OFFICE SOUGHT (# known) 4 Hays County Com		recinct 4			
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CAND LED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHO	DLDER'S KNOWLEDGE OR			
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							

Forms provided by Texas Ethics Commission

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME /alt Smith		16 Filer ID (Ethics Commission Filers)
CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 38,857.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	st day \$ 13,224.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ 925.00
	Signature a Ci	andidate or Officeholder
(1) Affidavit	Please complete either option below	
(1) Affidavit	(
NOTARY STAMP/SE	Please complete either option below	Μ:
NOTARY STAMP/SE	AL d before me by this the fy which, witness my hand and seal of office.	Μ:
NOTARY STAMP/SE/ Sworn to and subscribed 20, to certif	AL d before me by this the fy which, witness my hand and seal of office.	W:
NOTARY STAMP/SE/ Sworn to and subscribed 20, to certif	AL d before me bythis the fy which, witness my hand and seal of office. tering oath Printed name of officer administering oath OR	Ar: a day of Title of officer administering oat
NOTARY STAMP/SE/ Sworn to and subscribed 20, to certif Signature of officer administ (2) Unsworn Declarat	AL d before me bythis the fy which, witness my hand and seal of office. tering oath Printed name of officer administering oath OR	M: day of
NOTARY STAMP/SE/ Sworn to and subscribed 20, to certif Signature of officer administ (2) Unsworn Declarat My name is	AL d before me by	AV: day of
NOTARY STAMP/SE/ Sworn to and subscribed 20, to certif Signature of officer administ (2) Unsworn Declarat My name is My address is	AL d before me by	M: day of
NOTARY STAMP/SEJ Sworn to and subscribed 20, to certif Signature of officer administ (2) Unsworn Declarat My name is My address is	AL d before me by	AV: a day of Title of officer administering oat is (state) (zip code) (country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co Walt Smith				mmis	sion Filers)	
		LE SUBTOTALS				SUBTOTAL
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				5,700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				s	
3.		SCHEDULE B: F	PLEDGED CONTRIBUTIONS		s	
4.						925.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				38,857.42
6.		SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FR	OM POLITICAL CONTRIBUTIONS	\$	
8.		SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD	2	\$	
9.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM	PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				\$	
11.		SCHEDULE I: N	NON-POLITICAL EXPENDITURES MADE FRO	M POLITICAL CONTRIBUTIONS	s	
12.		SCHEDULE K	INTEREST, CREDITS, GAINS, REFUNDS, A TO FILER	ND CONTRIBUTIONS RETURNED	\$	

Revised 8/17/2020

If the reque	ted information is not applicable, DO NOT inclu	ude this page in the	report.
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1.
2 FILER NAME Walt Smit	h	3 Filer ID (Ethics Commission Flers)	
4 Date 02/22/2022	5 Full name of contributor out-of-state PAC (if John Kroll 6 Contributor address; City; 131 Running Deer Dripping Springs Te	7 Amount of contribution (\$) 500.00	
8 Principal occu Consultant	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Dete 02/24/2022	Monya Tracy	State; Zip Code gs Texas 78620	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 02/25/2022	Full name of contributor out-of-state PAC (IE Matthew Tepper Contributor address: City: 5803 Link Ave Austin Tex		Amount of contribution (\$)
Principal occu Attorney	palion / Job title (See Instructions)	Employer (See Instruc	tions)
Dale 02/25/2022	Full name of contributor out-of-state PAC (ID Gilbert Bragg Contributor address; City; 700 Jeffrey Way Ste 100 Round Rock	State: Zlp Code	Amount of contribution (\$)
Principal occur Attorney	ation / Job title (See Instructions)	Employer (See Instruc	itions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1 2
2 FILER NAME Walt Smith	h	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
03/08/2022	6 Contributor address; City; State. Zip Code 1401 W Hwy 290 Ste 600 Austin Texas 787	
8 Principal occu Attorney	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor eut-of-state PAC (ID#	Amount of contribution (\$)
03/11/2022	Contributor address; City; State; Zip Code 3711 So Mopac Expy Bldg 1 Ste 350 Austin Texas 78746	
Principal occu Engineer	pation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-stale PAC (ID#	Amount of contribution (\$)
03/23/2022	Contributor address; City; State; Zip Code 505 Walsh St #A Austin Texas 78703	2,500.00
Principal occu Realtor	pation / Job title (See Instructions) Employer (See	instructions)
Date	Full name of contributor ayl-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	·····•
Principal occup	bation / Job title (See Instructions) Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see instruction guide for add	

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mada Br Candidate/Officeholder/Politica Credit Card Payment	I Committee	Event Expense Fees Food/Beverage Expense Girl/Awards/Memonals Expense Legal Services The Instruction Guilde explain	Office Ov Polling E: Printing E Salenes/	Expense Weges/Contract Labor	Travel In Dist Travel Out Of	
1 Total pages Schedule F1: 7	2 FILER N Walt Smi	IAME	<u> </u>		3 Filer ID	(Ethics Commission Filers)
4 Date	5 Payeen					
02/28/2022	KC Stra					
6 Amount (\$)	7 Payee a			City;	Stat	e; Zip Code
19,925.54	3571 F	ar West Blvd #196 Aus	stin TX	-		
8	(a) Catego	Fy (See Categories listed at the top of this	schedule)	(b) Description	<u> </u>	
PURPOSE OF EXPENDITURE	Consu	Iting Expense				
	(c)	Check if travel outside of Texas, Complete 5	Schedule T.	Check if Austin	, TX, officeholde	r living expense
9 Complete ONLY if direct		idate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Walt S	Smith		Hays County Commissioner P	recinct 4 H	ays County Commissioner Precinct 4
Date	Payeer	ame				
02/18/2022	Drippin	g Springs Education F	oundat	ion		
Amount (\$)	Payee :	address;		City;	Stat	e; Zip Code
2,849.74	PO Box	c 479 Dripping Springs	Texas	78620		
5	Catego	Y (See Categories listed at the top of this :	schedule)	Description		
PURPOSE OF EXPENDITURE	Contri	bution				
		Check if Iravel outside of Texas. Complete S	Schedule T,	Check if Auslin	n, TX, officehold	er living expense
Complete ONLY if direct		date / Officeholder name		Office sought		Office held
expenditure to benefit C/O	^H Walt	Smith		Hays County Commissioner I	Precinct 4	Here County Commissioner Precinct 4
Date	Payeer	ате				-
02/22/2022	Drippin	g Springs United Meth	odist C	Church		
Amount (\$)	Payee a	doress;		City;	Sta	te; Zip Code
3,150.00	28900 F	RR 12 Dripping Spring	s Te xa	s 78620		
	Categor	y (See Categories listed at the top of this i	schedule)	Description		
PURPOSE OF EXPENDITURE	Contrib	ution				
		Check fitravel outside of Texas. Complete S	ichedulle T.	Check if Austr	in TX, officehold	ter living expense
Complete <u>DNLY</u> if direct expenditure to benefit C/OF		date / Officeholder name Smith		Office sought Hays County Commissioner F	mecunci 4 H	Office held lays County Commissioner Predict 4
	A1	TACH ADDITIONAL COPIES	OF THIS	S SCHEDULE AS NE	EDED	
Forms provided by Texas Eti	nics Commis	sion www.ethio	cs.state.bx			Revised 8/17/202

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor s how to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 7	2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2022	5 Payee name SUNOCO		
6 Amount (\$) 38.84	7 Payee address; 125 N FM 1626 Buda Texas 7	City; 8610	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this a Food/Beverage Expense	schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete Sc	chedule T. Check if Aus	tin, TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH Walt Smith	Office sought Hays County Commissioner	Office held r Precinct 4 Hays County Commissioner Precinct 4
Date	Payee name		
02/25/2022	Oak Creek Cafe		
Amount (\$)	Payee address;	City;	State; Zip Code
105.67	660 W Hwy 290 Dripping Sprin	ngs Texas 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Food/Beverage Expense	chedule) Description	
	Check if travel outside of Texas. Complete Si	chedule T. Check I Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissione	Office held er Precinct 4 Høys County Commissioner Precinct
Date	Payee name		
02/25/2022	Cabelas Store		
Amount (\$)	Payee address;	City;	State: Zip Code
235.99	15570 S IH 35 Frontage Road	Buda Texas 78610	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Event Expense	schedule) Description	
	Check if traveloutside of Texas. Complete S	chedule T Check if Au	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissione	Office held r Precinct 4 Hays County Commissioner Precinct 4
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8	(a)
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Advertising Expense Accounting/Banking Contailing Expense Controlutions/Donations Made B Candidata/Officaholdiar/Politica Cristidi Card Payment	I Committee Legal Services	Office Ov Polling Ex ense Ponling E SalariesA	xpense Nages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
	The Instruction Guide	explains how to a	complete this form.		
1 Total pages Schedule F1: 7	2 FILER NAME Walt Smith			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name				
02/28/2022	7-Eleven				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
2.18	125 N FM 1626 Buda Te	xas 78610			
В	(a) Category (See Categories listed at the	lop of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	e			
	(C) Check if travel outside of Texas, 0	complete Schedule T.	Check if Austin.	TX officeholder living) expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H Walt Smith	I	Hays County Commissioner Pro	acınct 4 Hays Co	unty Commissioner Precinct 4
Date	Payes name				
02/28/2022	7-Eleven				
Amount (\$)	Payee address;		City:	State:	Zip Code
3.86	1711-A W Hwy 290 Dripp	oing Springs	Texas 78620		
	Category (See Categories listed at the to	p of this schedule)	Description		
PURPOSE	Food/Beverage Expens	е			
OF EXPENDITURE		-			
	Check if traveloutside of Texas. C	omplete Scherkule T	Check if Austin	TX officebolder laws	
	Candidate / Officeholder name			TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·		Office sought		Office held
·	Walt Smith		Hays County Commissioner Pr	Hays C	ounty Commissioner Precinct 4
Date	Payee name				
02/28/2022	Hill Country Rally For Kid	ds, Inc.			
Amount (\$)	Payee address;		City;	State;	Zip Code
930.00	1765 E Creek Dripping S	prings Texa	s 78620		
	Calegory (See Categories listed at the to	p of this schedule)	Description		
PURPOSE	Contribution				
	Contribution				
	Check if travel outside of Texas. C	omplete Schedule T.	Check d Austin	. TX. officeholder live	ng expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	Walt Smith	H	lays County Commissioner Pri	acinct 4 Hays Co	unty Commissioner Precinct 4
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Ov Polling E: pense Printing E		Travel In District Travel Out Of District	ripment & Related Expense
Credit Card Payment	The Instruction Guid		_	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethi	cs Commission Filers)
7	Walt Smith				·
4 Date	5 Payee name				
02/28/2022	The Home Depot				
6 Amount (\$) 328.17	7 Payee address: 260 East Hwy 290 Dript	oing Springs	city; Texas 78620	State;	Zip Code
8	(a) Category (See Categories listed at th	e top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense				
	(C) Check if travel outside of Texas	. Complete Schedule T.	Check if Austin,	TX, officeholder livir	ng expense
9 Complete ONLY If direct	Candidate / Officeholder nam	e	Office sought		Office held
expenditure to benefit C/O	Walt Smith		Hays County Commissioner Pr	recinct 4 Hays C	ounty Commissioner Precinct 4
Date	Payee name				
02/28/2022	Tripps Army				
Amount (\$)	Payee address;		City;	State;	Zip Code
500.00	Buda Texas				
	Category (See Categories listed at the	e top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation				
	Check if trevel outside of Texas	. Complete Schedule T.	Check if Austin	, TX. officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder nam	ê	Office sought		Office held
expenditure to benefit C/O	Walt Smith		Hays County Commissioner P	Precinct 4 Hays (County Commissioner Precinct 4
Date	Payee name				
03/01/2022	7-Eleven				
Amount (\$)	Payee address;		City;	State;	Zip Code
5.47	125 N FM 1626 Buda To	exas 78610			
	Category (See Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expens	se			
	Chack of travel outside of Texas	Complete Schedule T.	Check if Austin	n, TX, officeholder liv	ing expense
Complete ONLY if direct	Candidate / Officeholder nan	ne	Office sought		Office held
expenditure to benefit C/O	Walt Smith		Hays County Commissioner Pl	recinct 4 Hays C	county Commissioner Precinct 4
	ATTACH ADDITIONAL	COPIES OF THIS	S SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

SCHEDULE F	1
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If the requested information is not applicable, DO NOT include this page in the report.

in the report.								
EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Offic Food/Beverage Expense Polk Grt/Awards/Memonals Expense Print		payment/Reimbursement verhead/Rental Expense Expense Expense Mages/Contract Labor	Transportation Eq Travel In District Travel Out Of Dist	Initation/Fundraising Expense Insportation Equipment & Related Expense Ivel In Disting vel Out Of Disting ter (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1: 7	Jule F1: 2 FILER NAME Walt Smith				3 Filer ID (Eth	ics Commission Filers)		
4 Date	5 Payse name							
04/08/2022	Dripping Springs Education Foundation							
6 Amount (\$)	7 Developed a					Zip Code		
5,000.00	PO Box 479 Dripping Springs Texas 78620							
8	(a) Category (See Categories listed at the top of this schedule			(b) Description				
PURPOSE OF EXPENDITURE	Contrit	Pution						
	(C) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candi	date / Officeholder name		Office sought		Office held		
expenditure to benefit C/O	H Walt S	mith		Hays County Commissioner P	recinct 4 Hays C	ounty Commissioner Presinct 4		
Date	Payee n	ame .						
04/19/2022	Scott Sexton							
Amount (\$)	Payee address; City; State; Zip Code					Zip Code		
500.00 1497 Trebled Waters Trail Driftwood Texas 78619								
	Category	(See Categories listed at the top of the	s schedule)	Description				
PURPOSE OF	Event	Expense						
EXPENDITURE								
		Check if travel outside of Texas, Complete	e Schedule T.	Check if Austin, TX, officaholder living expense		g expense		
Comprete Differ in Gilbert		ate / Officeholder name		Office sought		Office held		
expenditure to benefit C/OH	Walt	Smith		Hays County Commissioner P	recinct 4 Hays C	aunty Commissioner Precinct 4		
Date	Payee na	ime	<u> </u>					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	i schedulej	Description				
	Check if travel outside of Texas. Complete Schedule T Check, if Austin, TX, office/holderving.ezpe					g experise		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								