

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr		Walter	B
Walt		Smith	Jr
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	Driftwood Texas 78619		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(202)	352-7727	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs		Kelly	A
		Smith	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	Driftwood Texas 78619		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	738-9181	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	2	20	22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 8 / 22		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Hays County Commissioner Precinct 4		Hays County Commissioner Precinct 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

Received
JUL 14 2022
Elections Office

09

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

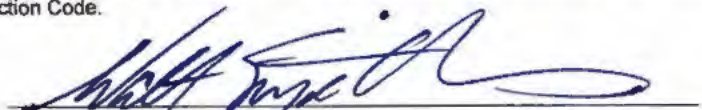
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Walt Smith		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	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 LAST DAY OF REPORTING PERIOD	\$ 13,224.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 925.00

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


 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Walt Smith		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 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 FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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		3 Filer ID (Ethics Commission Filer)
4 Date 02/22/2022	5 Full name of contributor out-of-state PAC (ID# _____) John Kroll	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code 131 Running Deer Dripping Springs Texas 78620	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 02/24/2022	Full name of contributor out-of-state PAC (ID# _____) Monya Tracy	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 800 Hwy 290W Bldg F Ste 500 Dripping Springs Texas 78620	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2022	Full name of contributor out-of-state PAC (ID# _____) Matthew Tepper	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 5803 Link Ave Austin Texas 78752	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/25/2022	Full name of contributor out-of-state PAC (ID# _____) Gilbert Bragg	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 700 Jeffrey Way Ste 100 Round Rock Texas 78665	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 2
2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2022	5 Full name of contributor out-of-state PAC (ID# _____) Sarah K Brandon	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code 1401 W Hwy 290 Ste 600 Austin Texas 78737	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 03/11/2022	Full name of contributor out-of-state PAC (ID# _____) Willis R Conner	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 3711 So Mopac Expy Bldg 1 Ste 350 Austin Texas 78746	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 03/23/2022	Full name of contributor out-of-state PAC (ID# _____) Riley McClean Land LLC	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 505 Walsh St #A Austin Texas 78703	
Principal occupation / Job title (See Instructions) Realtor		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)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2022	5 Payee name KC Strategies	
6 Amount (\$) 19,925.54	7 Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date 02/18/2022	Payee name Dripping Springs Education Foundation	
Amount (\$) 2,849.74	Payee address; City; State; Zip Code PO Box 479 Dripping Springs Texas 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date 02/22/2022	Payee name Dripping Springs United Methodist Church	
Amount (\$) 3,150.00	Payee address; City; State; Zip Code 28900 RR 12 Dripping Springs Texas 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 125 N FM 1626 Buda Texas 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date 02/25/2022	Payee name Oak Creek Cafe	
Amount (\$) 105.67	Payee address; City; State; Zip Code 660 W Hwy 290 Dripping Springs Texas 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date 02/25/2022	Payee name Cabelas Store	
Amount (\$) 235.99	Payee address; City; State; Zip Code 15570 S IH 35 Frontage Road Buda Texas 78610	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2022	5 Payee name 7-Eleven	
6 Amount (\$) 2.18	7 Payee address; City; State; Zip Code 125 N FM 1626 Buda Texas 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date 02/28/2022	Payee name 7-Eleven	
Amount (\$) 3.86	Payee address; City; State; Zip Code 1711-A W Hwy 290 Dripping Springs Texas 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date 02/28/2022	Payee name Hill Country Rally For Kids, Inc.	
Amount (\$) 930.00	Payee address; City; State; Zip Code 1765 E Creek Dripping Springs Texas 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 02/28/2022	5 Payee name The Home Depot
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6 Amount (\$) 328.17	7 Payee address; City; State; Zip Code 260 East Hwy 290 Dripping Springs Texas 78620
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4	Office held Hays County Commissioner Precinct 4
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Date 02/28/2022	Payee name Tripps Army
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Amount (\$) 500.00	Payee address; City; State; Zip Code Buda Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4	Office held Hays County Commissioner Precinct 4
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Date 03/01/2022	Payee name 7-Eleven
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Amount (\$) 5.47	Payee address; City; State; Zip Code 125 N FM 1626 Buda Texas 78610
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4	Office held Hays County Commissioner Precinct 4
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2022	5 Payee name Dripping Springs Education Foundation	
6 Amount (\$) 5,000.00	7 Payee address; City; State; Zip Code PO Box 479 Dripping Springs Texas 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date 04/19/2022	Payee name Scott Sexton	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1497 Trebled Waters Trail Driftwood Texas 78619	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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