CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) 9 The C/OH Instruction Guide explains how to complete this form, MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr Walter В NAME Date Received SUFFIX NICKNAME LAST Smith Jr RECEIVED Walt 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE CITY: OFFICEHOLDER Driftwood Texas 78619 MAILING Personal Information Redacted **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI TREASURER Kelly Mrs A Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Smith STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CAMPAIGN CITY: STATE. TREASURER Driftwood Texas 78619 ADDRESS Personal Information Redacted (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Day COVERED 10 11 / 22 7 1 22 THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Primary Runoff Month Day Description General Special 22 11 / 8 OFFICE HELD (if any) 13 OFFICE SOUGHT (# known) 12 OFFICE Hays County Commissioner Precinct 4 Hays County Commissioner Precinct 4 14 NOTICE FROM 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 OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Walt Smith		16 Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$	1,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	13,788.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	4,766.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF I LAST DAY OF THE REPORTING PERIOD	THE \$	6,057.48
	wear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct ar	nd includes all information
	1/18		
	Malt and	<u> </u>	
	Signature of Cand	lidate or Offic	eholder
	1		
	Please complete either option below:		
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by this the	day (of
	which, witness my hand and seal of office.		,
20, to certify (Allicit, Williess thy fighte and sociotioned.		
Signature of officer administer	ing oath Printed name of officer administering oath	Title of	officer administering oath
	- Company of the Com		
(2) Unsworn Declaration	n		
101.11	5	an /-	110
My name is Walte		09/05	/ 1475
My address is	Redacted Personal Information	,	
Executed in Havs	(street) (city) (state County, State of Texas, on the 11 day of Oct.	te) (zip cod , 20_7	· , , , , , , , , , , , , , , , , , , ,
11000000	month		(ear)
1	Signature of Candidaty	Officeholder	(Declarant)
	Signature of Cariolidat	Jinceriolaer	(Deciarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME Valt Smith	20 Filer ID (Ethics Cor	mmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,200.00
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. ■ SCHEDULE E: LOANS			6,057.48
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			13,788.79
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	-
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	nclude this page in the	report.
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 1
2 FILER NAME Walt Smit	h		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor • out-of-state PA GarverUSA PAC	C (ID#. 86720	7 Amount of contribution (\$)
06/13/2022	6 Contributor address; City; State; Zip Code 28 Liberty Ship Way, Ste 2815 Sausalito CA 94965		1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		C (1D#)	Amount of contribution (\$)
08/24/2022	Geralt T Daugherty Contributor address; City; State; Zip Code 1403 Club Ridge Cv Austin Texas 78735		200.00
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)			tions)
Date	Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Date Full name of contributor out-of-state PAC (ID#) An		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		- -

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	OT include this page in the re	eport.	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME Walt Smith				
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0.00	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
	Walt Smith		925.00	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code twood Texas 78619	10 Interest rate 0.00 11 Maturity date	
[Y ■ N			Trindany date	
12 Principal occupati Owner	on / Job title (See Instructions)	13 Employer (See Instructions) The Mallard Group	LLC	
14 Description of Collateral 15			unds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)	
09/29/2022	Walt Smith		5,132.48	
Is lender a financial Institution?	Lender address; City;	State; Zip Code wood Texas 78619	interest rate 0.00	
Y N			Maturity date	
_	on / Job title (See Instructions)	Employer (See Instructions)		
Owner		The Mallard Group LLC		
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		
none	Name of guarantor		Amount Guaranteed (\$)	
GUARANTOR INFORMATION	Traine of guaranto		· σαστοπίσσα (Φ)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL CODE	ES OF THIS SOUFFRING AS WEE	DED	
If le	ander is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re		

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 Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office C Polling I nse Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor 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	2 FILER N				3 Filer ID (Ethics Commission Filers)
4 Date 08/22/2022	5 Payee na Buda Vo				
6 Amount (\$)	7 Payee ad			City;	State; Zip Code
1,000.00	3817 Ja	ck C Hays Trail B	uda Texas	78610	
8	(a) Categor	y (See Categories listed at the to	op of this schedule)	(b) Description	
PURPOSE OF	Charita	ble Contribution		Charitable Dor	nation
EXPENDITURE					
	(c)	Check if travel outside of Texas, Co	emplete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name mith		Office sought Hays County Commissioner Pre	Office held cinct 4 Hays County Commissioner Precinct 4
Date	Payee na	me			
08/08/2022	Hays Co	ounty Republican	Women		
Amount (\$)	Payee ac			City;	State; Zip Code
100.00	1450 W	Hwy 290 #1697	Dripping S	prings Texas 78	620
PURPOSE OF EXPENDITURE		(See Categories listed at the top Sponsorship	of this schedule)	Description	
		Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct		ate / Officeholder name		Office sought	Office held
expenditure to benefit C/OF	Walt S	Smith		Hays County Commissioner Pred	cinct 4 Hays County Commissioner Precinct 4
Date	Payee na	me			
08/08/2022	Buda Vo	Ag			
Amount (\$)	Payee ad			City;	State; Zip Code
500.00	3817 Jack C Hays Trail Buda Texas 78610				
		(See Categories listed at the top of		Description	
PURPOSE OF EXPENDITURE	Sponsor	ship/charitable do	nation	Event Sponsors	ship
		Check if travel outside of Texas, Com	plete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY If direct		te / Officeholder name		Office sought	Office held
expenditure to benefit C/OH	Walt Si	mith		ays County Commissioner Precir	nct 4 Hays County Commissioner Precinct 4

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 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 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 FILER NAME Walt Smith		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name			-
09/06/2022	Home Depot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
19.45	260 E Hwy 290 Dripping Springs Te	xas 78620		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Sign Supplies	Advertising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H Walt Smith	Office sought Hays County Commissioner Pre	cinct 4 Hays Co	Office held
	1			
Date	Payee name			
08/29/2022	Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
84.65	260 E Hwy 290 Dripping Springs Te	xas 78620		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Sign Supplies	Advertising		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Walt Smith	Hays County Commissioner Pre	cinct 4 Hays Co	unty Commissioner Precinct 4
Date	Payee name			
08/29/2022	Dripping Springs Texas Tech Alumn	i 		
Amount (\$)	Payee address;	City;	State;	Zip Code
200.00	17th and University Lubbock Texas 7	79409 		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Event Sponsorship			
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Walt Smith	Hays County Commissioner Preci	nct 4 Hays Cou	inty Commissioner Precinct 4
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

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 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 FILER NAME Walt Smith		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/29/2022	River City Screenprinting and Embro	oidery		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
5,632.48	1705 S IH 35 San Marcos Texas	78666		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adverstising Expense	Rally Towels		
	(c) Check if travel outside of Texas. 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/Ot	1 Walt Smith	Hays County Commissioner Pred	cinct 4 Hays Cou	nty Commissioner Precinct 4
Date	Payee name			
09/26/2022	Venngage.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
98.00	1140 Dovercourt Rd Toronto ON Ca	nada		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Software	Software		
OF EXPENDITURE				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Walt Smith	Hays County Commissioner Pred	sinct 4 Hays Cou	nty Commissioner Precinct 4
Date	Payee name			
09/06/2022	Circle K			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.21	1711-A W Hwy 290 Dripping Springs	Texas 78620		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Volunteer Coffee	Volunteer Coffe	e	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
O 14 ONEY 7 disease	Candidate / Officeholder name	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		lays County Commissioner Precir	not 4 Have Cour	ty Commissioner Precinct 4
·	vvait Smith			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonials 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

	The instruction Guide explains now to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Walt Smith		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
08/12/2022	Hays County Livestock			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
6,150.00	PO Box 1778 Kyle Texas 78640			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Sponsorship	Sponsorship		
OF EXPENDITURE				1011
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	¹ Walt Smith	Hays County Commissioner Pre-	cinct 4 Hays Co	unty Commissioner Precinct 4
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	eT. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Complete to benefit C/OH		Office held		
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	