

# 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: <b>11</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mr</b> <b>Walter</b> <b>B</b> <hr/> NICKNAME LAST SUFFIX <b>Walt</b> <b>Smith</b> <b>Jr</b>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">OCT 30 2022</div> <div style="text-align: center;"> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Personal Information Redacted Driftwood TX 78619										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (      )										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs</b> <b>Kelly</b> <b>A</b> <hr/> NICKNAME LAST SUFFIX <b>Smith</b>	Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Personal Information Redacted Driftwood Texas 78619										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (      )										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 12 / 22 THROUGH 10 / 31 / 22										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 11 / 8 / 22 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) Hays County Commissioner Precinct 4	13 OFFICE SOUGHT (if known) Hays County Commissioner Precinct 4									
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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.										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">SPECIFIC</td> <td></td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	SPECIFIC	
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
SPECIFIC											

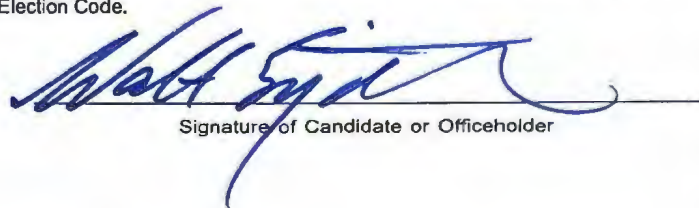
GO TO PAGE 2

# 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)	\$ 11,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,041.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,674.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,857.48

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

## (2) Unsworn Declaration

My name is Walt Smith, and my date of birth is 09/05/1975

My address is (redacted) (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country) \_\_\_\_\_

Executed in Hays County, State of TX, on the 31 day of Oct, 2022 (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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,950.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 7,857.48
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,041.43
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 <b>3</b>
2 FILER NAME <b>Walt Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/17/2022</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Steven J Davidson</b> 6 Contributor address; City; State; Zip Code <b>3711 South Mopac Expressway, Bldg 1, Ste 350 Austin Texas 78746</b>	7 Amount of contribution (\$) <b>2,500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions) <b>American Structure Point</b>
Date <b>09/19/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>HDR, Inc Employee Owners PAC</b> Contributor address; City; State; Zip Code <b>1917 S 67th Street Omaha Nebraska 68106</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/15/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>George Cofer</b> Contributor address; City; State; Zip Code <b>3306 Gentry Dr Austin Texas 78746</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Hill Country Alliance</b>
Date <b>10/15/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Rick Zimmerman</b> Contributor address; City; State; Zip Code <b>5 Hedwig Circle Houston Texas 77024</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Texas Independent Exploration</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

3

## Walt Smith

10/15/2022

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

**6 Contributor address;**

City;

**State;**

Zip Code

5517 Columbin Lane San Angelo Texas 76904

500.00

## Creekside Rural Investments

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

10/19/2022

Contributor address:

City;

**State:**

Zip Code

505 Deep Eddy Avenue Austin Texas 78703

1,000.00

## Tips Iron and Steel

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

10/13/2021

Contributor address;

City:

**State:**

Zip Code

8140 Exchange Dr Austin Texas 78754

1,000.00

Employer (See Instructions)

out-of-state PAC (ID#: )

10/21/2021

Contributor address;

City:

**State;**

**Zip Code**

PO Box 311 Driftwood Texas 78619

5,000.00

Employer (See Instructions)

### Restaurant Owner

**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: <b>3</b>
2 FILER NAME <b>Walt Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/22/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Mary Pat Paul</b> 6 Contributor address; City; State; Zip Code <b>310 Springwood Rd Dripping Springs Texas 78620</b>	7 Amount of contribution (\$) <div style="font-size: 2em; text-align: center;"><b>100.00</b></div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**LOANS****SCHEDULE E**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 E: <b>2</b>
2 FILER NAME <b>Walt Smith</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Walt Smith</b>	9 Loan Amount (\$) <b>925.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>Personal Information Redacted</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		13 Employer (See Instructions) <b>The Mallard Group LLC</b>
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	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 <b>09/29/2022</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Walt Smith</b>	Loan Amount (\$) <b>5,132.48</b>
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>Personal Information Redacted</b>	Interest rate <b>0.00</b>
		Maturity date
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>The Mallard Group LLC</b>
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**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 E <b>2</b>
2 FILER NAME <b>Walt Smith</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan <b>10/30/2022</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Walt Smith</b>	9 Loan Amount (\$) <b>1,800.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>Personal Information Redacted</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		13 Employer (See Instructions) <b>The Mallard Group LLC</b>
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	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 <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**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 PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Walt Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/24/2022	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) 185.39	<b>7</b> Payee address; City; State; Zip Code 260 E Hwy 290 Dripping Springs Texas 78620	
<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signage	(b) Description Sign Materials
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> 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 10/24/2022	Payee name O'Reilly Auto Parts	
Amount (\$) 49.00	Payee address; City; State; Zip Code 604 W Hwy 290 Dripping Springs Texas 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signage	Description Sign Placement Items
	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 10/24/2022	Payee name HEB	
Amount (\$) 207.25	Payee address; City; State; Zip Code 598 E Hwy 290 Dripping Springs Texas 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Travel
	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

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: 3	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2022	5 Payee name Amazon Marketplace	
6 Amount (\$) 115.75	7 Payee address; 410 Terry Ave N	City; State; Zip Code Seattle WA 98109
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment	(b) Description Video Equipment
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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
Date 10/17/2022	Payee name Vengage	
Amount (\$) 49.00	Payee address; 1140 Dovercourt Road	City; State; Zip Code Toronto Canada
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Software License	Description Software
	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 Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4
Date 10/21/2022	Payee name DSISD Education Foundation	
Amount (\$) 207.25	Payee address; 333 E Hwy 290 Ste 417 Dripping Springs Texas 78620	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Sponsorship
	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 Walt Smith	Office sought Hays County Commissioner Precinct 4
		Office held Hays County Commissioner Precinct 4

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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Walt Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/28/2022	<b>5</b> Payee name CCA Texas--Dripping Springs	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; 6919 Portwest Dr, Ste 100	City; State; Zip Code Houston Texas 77024
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Sponsorship	
	<b>(b)</b> Description Event Sponsorship	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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 10/31/2022	Payee name KC Strategies	
Amount (\$) 12,727.79	Payee address; 3571 Far West Blvd #196	City; State; Zip Code Austin Texas 78731
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting/Advertising	
	Description Consulting/Advertising	
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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