

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

Mr

Walter

B

NICKNAME

LAST

SUFFIX

Walt

Smith

Jr

OFFICE USE ONLY

Date Received

RECEIVED
JAN 18 2023

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Personal Information Redacted Driftwood, TX 78619

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Kelly

A

NICKNAME

LAST

SUFFIX

Smith

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

Personal Information Redacted

Driftwood

TX

78619

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

11

1

22

THROUGH

Month

Day

Year

12

31

22

11 ELECTION

ELECTION DATE

Month

Day

Year

11

8

22

ELECTION TYPE

Primary

Runoff

Other
Description

☒ General

☐ 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)

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

Additional Pages

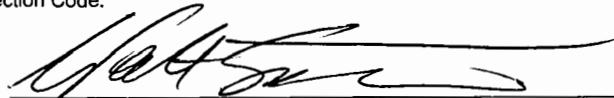
GO TO PAGE 2

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)	\$ 13,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,285.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 822.51
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

OR

(2) Unsworn Declaration

My name is Walt Smith, and my date of birth is redacted.

My address is redacted, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in Hays County, State of TX, on the 17 day of Jan, 2023.

(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	\$ 13,750.00
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	\$ 7,285.17
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: **3**

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2022

5 Full name of contributor

out-of-state PAC (ID#: _____)

Pape-Dawson Engineers PAC

6 Contributor address;

City;

State;

Zip Code

2000 NW Loop 410 San Antonio Texas 78213

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Engineers

9 Employer (See Instructions)

Date

11/04/2022

Full name of contributor

out-of-state PAC (ID#: _____)

MileStone Community Builders, LLC

Contributor address;

City;

State;

Zip Code

2100 Northland Dr Austin Texas 78756

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Date

11/15/2022

Full name of contributor

out-of-state PAC (ID#: _____)

MileStone Community Builders, LLC

Contributor address;

City;

State;

Zip Code

2100 Northland Dr Austin Texas 78756

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Date

11/01/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Colby Harris

Contributor address;

City;

State;

Zip Code

9525 Stratus Dr Dripping Springs Texas 78620

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Construction Management

Employer (See Instructions)

BGE, Inc

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: **3**

2 FILER NAME

Walt Smith

3 Filer ID (Ethics Commission Filers)

4 Date

11/01/2022

5 Full name of contributor

out-of-state PAC (ID#: _____)

Wesley Jasek

6 Contributor address;

City;

State; Zip Code

1805 E Messick Loop Round Rock Texas 78681

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Director, Central Texas

9 Employer (See Instructions)

BGE, Inc

Date

11/01/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Brian D Rice

Contributor address;

City;

State; Zip Code

2905 Brian Wood Ct Cedar Park Texas 78613

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Director, Public Works

Employer (See Instructions)

BGE, Inc

Date

11/01/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Seth A Mearig

Contributor address;

City;

State; Zip Code

4724 Pecan Chase Austin Texas 78738

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Director, Land Development

Employer (See Instructions)

BGE, Inc

Date

11/15/2022

Full name of contributor

out-of-state PAC (ID#: _____)

George W Murfee

Contributor address;

City;

State; Zip Code

1101 Capital of Texas Highway South Austin Texas 78748

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Engineer

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: 3
2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)
4 Date 11/02/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Roman Grijalva 6 Contributor address; City; State; Zip Code 303 Mirafiel Ln Austin Texas 78737	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) BGE, Inc
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)
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**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: 2
2 FILER NAME Walt Smith		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#: _____) Walt Smith	9 Loan Amount (\$) 925.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code Personal Information Redacted	10 Interest rate 0.00
		11 Maturity date
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 09/22/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Walt Smith	Loan Amount (\$) 5,132.48
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code Personal Information Redacted	Interest rate 0.00
		Maturity date
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Mallard Group LLC
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.		

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: 2
2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 10/30/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Walt Smith	9 Loan Amount (\$) 1,800.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code Personal Information Redacted	10 Interest rate 0.00
		11 Maturity date
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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 none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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

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: 3		2 FILER NAME Walt Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 11/07/2022		5 Payee name Valero King Mart			
6 Amount (\$) 100.00		7 Payee address; 2050 Texas 31		City; Corsicana	State; Zip Code Texas 75109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation		(b) Description Fuel		
	(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 <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 11/10/2022		Payee name Sonoco			
Amount (\$) 103.94		Payee address; 19350 N Interstate 35 Frontage Rd		City; Kyle	State; Zip Code Texas 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation		Description Fuel		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
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 11/14/2022		Payee name Mc Bride Conservation Fund			
Amount (\$) 525.09		Payee address; 807 Brazos St Suite 1002		City; Austin	State; Zip Code Texas 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description Charity		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
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 12/06/2022		5 Payee name Amazon			
6 Amount (\$) 77.91		7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle Washington 98109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Advertising		
	(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 12/05/2022		Payee name Hays GOP			
Amount (\$) 676.37		Payee address; City; State; Zip Code 6000 Ranch to Mkt Rd 150 Kyle Texas 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description Political		
	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 11/23/2022		Payee name Walt Smith			
Amount (\$) 5,561.00		Payee address; City; State; Zip Code Personal Information Redacted Driftwood Texas 78610			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment		Description Reimbursement		
	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.

1 Total pages Schedule F1: 3	2 FILER NAME Walt Smith	3 Filer ID (Ethics Commission Filers)
4 Date 11/09/2022	5 Payee name Tractor Supply	
6 Amount (\$) 36.76	7 Payee address; 1711b W Hwy 290	City; State; Zip Code Dripping Springs Texas 78640
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adverstising Expense	(b) Description Sign materials
	(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 11/18/2022	Payee name Vengage	
Amount (\$) 98.00	Payee address; 1140 Dovercourt Rd	City; State; Zip Code Toronto Ontario M6H2X9
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Software
	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 12/02/2022	Payee name Shutterstock	
Amount (\$) 106.10	Payee address; 350 5th Avenue	City; State; Zip Code New York New York 10118
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Software
	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