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 5
3 CANDIDATE / OFFICEHOLDER	MS MRS/MR	FIRST	MI B	OFFICE USE ONLY
NAME	NICKNAME Walt	LAST Smith	SUFFIX Jr	Date Received Hays Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #. ormation Redacted	city. state. zip code Driftwood Tx 78619	JUL 17 2023 RECEIVED
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 Mrs NICKNAME	FIRST Kelly Last	MI A SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS		Smith (NO PO BOX PLEASE). APT (S ormation Redacted		STATE ZIP CODE TX 78619
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 23	Month THROUGH 6	Day Year / 30 / 23
11 ELECTION	ELECTION DA Month Day 11 8	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Hays County C	ommissioner Precinct	4 Hays County Com	missioner Precinct 4
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIGATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			
andre and an and a second s		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 TH/ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN \$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	s) \$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$	822.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	OF THE \$	7,857.48
	Signature of C. Please complete either option below		ficeholder
(1) Affidavit			
NOTARY STAMP/SEAL			
		day	r of,
20, to certify v	which, witness my hand and seal of office.		
Signature of officer administer		Title o	of officer administering oath
(2) Unsworn Declaratio	OR	and the second sec	and the second
My name is Walter B S		09/05/197	75
Executed in Hays	(street) (city (city) County, State of Texas , on the 17 ray of July		ode) (county) 23 tyear
	Signature of Candid	dateOfficehode	er (Deglarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ER NAME Smith	20 Filer ID (Ethics Co	mmission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	S	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$ 7,857.48	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLIT	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	LITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	S	

LOANS If the requeste	ed information is not applicable, DO N	OT include this page in the re	SCHEDULE E	
	e Instruction Guide explains how to com		1 Total pages Schedule E: 2	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	
Walt Smith			S The le (cance commence there	
4 TOTAL OF U	INITEMIZED LOANS		\$ 0.00	
5 Date of Ioan 7 Name of lender Out-of-state PAC (ID#) Walt Smith			9 Loan Amount (\$) 925.00	
6 Is lender a financial Institution?	⁸ Lender address; City; Personal Information Redacte	10 Interest rate 0.00 11 Maturity date		
YIN				
12 Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instructions) The Mallard Grooup	o LLC	
14 Description of Collateral		15 Check if personal fun account (See Instruc	funds were deposited into political ructions)	
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; a	State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occup	ation (See Instructions)	21 Employer (See Instructions)		
Date of loan 09/22/2022	Walt Smith	s PAC (ID#:)	Loan Amount (\$) 5,132.48	
Is lender a financial Institution?	Lender address; City; Personal Information Redacted	State; Zip Code	Interest rate 0.00 Maturity date	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions) The Mallard Group	LLC	
Description of Collateral		Check if personal funds were deposited into political		
none	T	account (See Instruct		
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)	
not applicable		Employer (See Instructions)		

LOANS	d information is not applicable, DO N	OT include this page in the re	SCHEDULE E	
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E	
² FILER NAME Walt Smith			3 Filer ID (Ethics Commission Filers)	
TOTAL OF UN	NITEMIZED LOANS		\$ 0.00	
5 Date of Ioan 10/30/2022	7 Name of lender 🛛 out-of-state Walt Smith	9 Loan Amount (\$) 1,800.00		
6 Is lender a financial Institution?	⁸ Lender address; City; Personal Information Redacte	10 Interest rate 0.00 11 Maturity date		
12 Principal occupati Owner	on / Job title (See Instructions)	13 Employer (See Instructions) The Mallard Grooup LLC		
14 Description of Col	lateral			
6 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; tion (See Instructions)	State; Zip Code	19 Amount Guaranteed (\$)	
Date of loan		te PAC (ID#)	Loan Amouni (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate Maturity date	
Principal occupation	 on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political itons)	
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)	
	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL CO nder is out-of-state PAC, please see Ir	PIES OF THIS SCHEDULE AS NEI		