

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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST JAMES	MI BAETH	OFFICE USE ONLY
	NICKNAME	LAST SMITH	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
<input type="checkbox"/> Change of Address	P.O. BOX 1962, VAN ALSTYNE TX 75495				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	(469)	835-8933		

6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST ROBERT	MI DAVE	Receipt #	Amount \$
	NICKNAME	LAST BYNUM	SUFFIX	Date Processed	

7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE:	ZIP CODE
(Residence or Business)	813 WELL RD,			DENISON TX		75020

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(903)	227-4626	

9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	16	24		2	5	24

11 ELECTION	ELECTION DATE	Month	Day	Year	ELECTION TYPE		
	3 / 05 / 24				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
					<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	DISTRICT ATTORNEY	DISTRICT ATTORNEY

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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 68,801.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,929.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,500.00

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 JAMES BRETT SMITH, and my date of birth is 6/15/65
 My address is P.O. BOX 1962, VAN ALSTINE, TX, 75495 USA
(street) (city) (state) (zip code) (country)
 Executed in GRAYSON County, State of TEXAS, on the 5 day of FEBRUARY, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,550
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 67,981.52
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 820.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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:

1 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/16/24

5 Full name of contributor

LYNN EDMAN

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

3945 BAMBOO TRAIL, MCKINNEY, TX

75071

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1/17/24

Full name of contributor

BILL COWEN

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1419 MONTFORT DR, SHERMAN TX

75092

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

U.S. ARMY

Date

1/17/24

Full name of contributor

JANE BRUNSTAD

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1805 ALPINE DR, SHERMAN TX

75092

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

1/19/24

Full name of contributor

TALANA & MIKE FOLEY

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2917 WOLF FRONT RD, VAN ALSTINE TX

75495

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

CONSTRUCTION CO.

GREYSON 00 ELECTIONS
2024 FEB 5 10:42:00

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 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/24

5 Full name of contributor

ROSS & SHARON ROLIKAD

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

7 Amount of contribution (\$)

150.00

6 Contributor address;

City;

State;

Zip Code

911 QUAKER DR, FAIRVIEW TX 75070

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1/19/24

Full name of contributor

LAURIE ARMSTRONG

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1879 HACKBERRY RD, VAN ALSTINE, TX 75495

Principal occupation / Job title (See Instructions)

NUTRITIONIST

Employer (See Instructions)

ARMSTRONG BODY

Date

1/19/24

Full name of contributor

PAUL & VERONICA WESTMORELAND

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

Amount of contribution (\$)

75.00

Contributor address;

City;

State;

Zip Code

225 THORNWOOD LN, VAN ALSTINE, TX 75495

Principal occupation / Job title (See Instructions)

M.D.

Employer (See Instructions)

TEXOMACARE

Date

1/19/24

Full name of contributor

MARK RUSSELL

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

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1644 OLD IDA RD., SHELTON TX 75090

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/24

5 Full name of contributor

WILLIAM LEO

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

7 Amount of contribution (\$)

100.00

6 Contributor address:

76 GREEN MEADOW CT, BUNTER TX

City:

State:

Zip Code

75058

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1/19/24

Full name of contributor

JAMES BENTON

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

Amount of contribution (\$)

250.00

Contributor address:

P.O BOX 208, VAN ALSTYNE TX 75495

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

I.T. PROFESSIONAL

Employer (See Instructions)

Date

1/19/24

Full name of contributor

KURT HIMMELFEICH

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

Amount of contribution (\$)

500.00

Contributor address:

112 BLACKMON, VAN ALSTYNE TX 75495

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/19/24

Full name of contributor

BYRON WHITAKER

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

Amount of contribution (\$)

500.00

Contributor address:

P.O. BOX 599, VAN ALSTYNE TX 75495

City:

State:

Zip Code

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.

GREYSON CO ELECTIONS
2024 FEB 5 AM 10:42:09

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:

4 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/24

5 Full name of contributor

VAN GALLABHER

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

7 Amount of contribution (\$)

3,500.00

6 Contributor address;

City;

State;

Zip Code

4209 C.R. 826, CELINA TX 75409

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

GALLABHER CONSTRUCTION

Date

1/19/24

Full name of contributor

Joyce Goodwin

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

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1918 FM 3133, VAN ALSTINE TX 75495

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

1/19/24

Full name of contributor

PHYLLIS JAMES

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

777 WALLACE RD., GUNTER, TX 75058

Principal occupation / Job title (See Instructions)

COUNTY COMMISSIONER

Employer (See Instructions)

GRAUSON CO.

Date

1/19/24

Full name of contributor

STEPHEN RODDY

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

535 DERBY LN, VAN ALSTINE TX 75495

Principal occupation / Job title (See Instructions)

WARRANTY WORK

Employer (See Instructions)

HOMEBUILDER

GRAUSON CO ELECTRIC
2024 FEB 5 10:42:14

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
5 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/24

5 Full name of contributor

DACIA HIRSCH

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

401 VILLANOVA DR, VAN ALSTYNE, TX

75495

8 Principal occupation / Job title (See Instructions)

FOOD SAFETY MNGR

9 Employer (See Instructions)

FRESH REALM

Date

1/18/24

Full name of contributor

JENNIFER BECHEREN

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1740 HEARN LN, VAN ALSTYNE TX

75495

Principal occupation / Job title (See Instructions)

BANKER

Employer (See Instructions)

TIB

Date

1/18/24

Full name of contributor

GABRIEL HESS

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

940 WILLY VESTER RD, VAN ALSTYNE, TX

75495

Principal occupation / Job title (See Instructions)

SR. MANAGER

Employer (See Instructions)

BOEING

Date

1/18/24

Full name of contributor

JIM ATCHISON

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

P.O BOX 1868, VAN ALSTYNE TX

75495

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

6 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/24

5 Full name of contributor

KIM VOBEL

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

75.00

6 Contributor address;

City;

State;

Zip Code

14 GALVAN LN, VAN ALSTINE TX 75495

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1/23/24

Full name of contributor

DOROTHY FLEMING

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1700 W. HUNT ST, SHALWATER TX 75092

Principal occupation / Job title (See Instructions)

ASSISTANT

Employer (See Instructions)

DISTRICT ATTORNEY

Date

1/20/24

Full name of contributor

ROBER STORMENT

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

P.O. BOX 1326, VAN ALSTINE TX 75495

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

1/26/24

Full name of contributor

DAVID BEDBOOD

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

619 N. FRAVIS, SHELWATER TX 75090

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

WALDO FUNERAL

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:

7 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/24

5 Full name of contributor out-of-state PAC (ID# _____)

FORREST MARR

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

526 DELEON ST, DENISON, TX 75020

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

JEFF CHRISTIE

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

607 AMBASSADOR ST, DENISON, TX 75020

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

LAWRENCE DAVIS

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

305 W. BELDEN ST, SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

STAYSON PETROLEUM

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

STEVE JONES

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1001 N. WOODS ST, SHERMAN TX 75092

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.

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
8 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/24

5 Full name of contributor out-of-state PAC (ID# _____)

NELL GRANAM

7 Amount of contribution (\$)

100.00

6 Contributor address, City, State, Zip Code

101 DIAMOND POINTE LOOP #8, DENVER TX 75020

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

JELENU & TRISH WOOD

Amount of contribution (\$)

200.00

Contributor address, City, State, Zip Code

P.O. BOX 12108, AUSTIN, TX 78711

Principal occupation / Job title (See Instructions)

PROSECUTOR

Employer (See Instructions)

GRAYSON CO DA

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

DWIGHT RAMEY

Amount of contribution (\$)

200.00

Contributor address, City, State, Zip Code

P.O. BOX 2412 SHELMAN TX 75091

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

DANIEL RAMEY

Amount of contribution (\$)

200.00

Contributor address, City, State, Zip Code

14 TIMBERCREEK, SHELMAN TX 75092

Principal occupation / Job title (See Instructions)

RETIRED

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

9 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/24

5 Full name of contributor out-of-state PAC (ID# _____)

BOB AND BARBARA MONK

7 Amount of contribution (\$)

100.00

6 Contributor address, City, State, Zip Code

919 BOONE DR, SHERMAN TX 75090

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

SCOTT OR KIM MORA

Amount of contribution (\$)

250.00

Contributor address, City, State, Zip Code

2031 PARK RDB, DENISON TX 75020

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

BART & CINDY LAWRENCE

Amount of contribution (\$)

250.00

Contributor address, City, State, Zip Code

P.O. BOX 1882, POTTSBORO TX 75076

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

LAWRENCE CONSTRUCTION

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

MARK KUNEMAN

Amount of contribution (\$)

250.00

Contributor address, City, State, Zip Code

2805 VENTURE CRL, DENISON TX 75020

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.

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

10 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/24

5 Full name of contributor out-of-state PAC (ID# _____)

NJD ADVENTURES

7 Amount of contribution (\$)

200.00

6 Contributor address, City, State, Zip Code

200 LAUREL CREEK DR, SHERMAN TX 75092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

VIRGINIA SMITH

Amount of contribution (\$)

250.00

Contributor address, City, State, Zip Code

P.O BOX 354, SHERMAN TX 75091

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

LINDSAY WILKIFORD

Amount of contribution (\$)

250.00

Contributor address, City, State, Zip Code

3201 SANDSTONE DR, SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

PROSECUTOR

Employer (See Instructions)

GRAYSON CO. D.A.

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

JASON BETHEL

Amount of contribution (\$)

150.00

Contributor address, City, State, Zip Code

1407 AVENDALE CT, SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

BANKER

Employer (See Instructions)

1ST UNITED

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

11 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Etrics Commission Filers)

4 Date

1/25/24

5 Full name of contributor out-of-state PAC (ID# _____)

MICHAEL SPRINGER

7 Amount of contribution (\$)

100.00

6 Contributor address, City, State, Zip Code

5249 W. FM 120, DENVER, TX 75020

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

KEVIN WILSON

Amount of contribution (\$)

100.00

Contributor address, City, State, Zip Code

555 OLD HWY 6, HOWE TX 75459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SUPERINTENDANT

HOWE ISD

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

BILL COWAN

Amount of contribution (\$)

50.00

Contributor address, City, State, Zip Code

1419 MONFORT DR, SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

WILLIAM & KELL STEELE

Amount of contribution (\$)

150.00

Contributor address, City, State, Zip Code

639 N. MCKOWN AVE, SHERMAN, TX 75092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BANKSEC

1ST STATE BANK

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

12 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/24

5 Full name of contributor out-of-state PAC (ID# _____)

NORA & BRUCE BENNUM

7 Amount of contribution (\$)

200.00

6 Contributor address; City, State; Zip Code

813 WELW RD, DALLAS TX 75220

8 Principal occupation / Job title (See Instructions)

LAND DEVELOPER

9 Employer (See Instructions)

SELF

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

JOE FOLLO

Amount of contribution (\$)

200.00

Contributor address; City, State; Zip Code

2835 TURLE CREEK DR, SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

INS. AGENT

Employer (See Instructions)

N.W. MUTUAL

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

EUSAN BROWN

Amount of contribution (\$)

200.00

Contributor address; City, State; Zip Code

2212 POST OAK DR. SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

PROSECUTOR

Employer (See Instructions)

GRAYSON CO D.A.

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

RON HUFF

Amount of contribution (\$)

200.00

Contributor address; City, State; Zip Code

112 S. CROCKETT, SHERMAN TX 75090

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

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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:

13 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/24

5 Full name of contributor out-of-state PAC (ID# _____)

ROSS ROHLFAD

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

911 QUARM ORK DR. FAIRVIEW, TX 75069

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

KAREN BRAUN

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1022 ADDISON AVE, POTTSBORO, TX 75076

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

PAUL BOLLEN

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

3124 LUELLA RD. SHERMAN TX 75090

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

1/25/24

Full name of contributor out-of-state PAC (ID# _____)

NAIK & CINDY FISK

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4405 RIDDELS RD, SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

COBBLER/OWNER

Employer (See Instructions)

FISK SNOE

RAYSON CO ELECTIONS
024 FEB 5 AM 10:43:10

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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: 14 of 15
2 FILER NAME BRETT SMITH		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIDNEY PHILLIPS	7 Amount of contribution (\$) 75.00
6 Contributor address; City; State; Zip Code 1230 W. CHESTNUT ST, DENISON TX 75020		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 1/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES GARCIA	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1217 W. McBEE ST., SHERMAN TX 75092		
Principal occupation / Job title (See Instructions) SALE		Employer (See Instructions) CONABRA
Date 1/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDITH MCBRAW	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 9909 BASALT LN, DENVER TX 76207		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 1/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE OLMSTEAD	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5414 N. FM 1417, SHERMAN TX 75092		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) LMO ENTERPRISES

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

RAYSON CO ELECTIONS
2024 FEB 5 AM 10:43:14

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:

15 of 15

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/24

5 Full name of contributor out-of-state PAC (ID#: _____)

BRIAN BOOTH

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

1875 N. LINCOLN PARK RD, VAN ALSTINE TX 75495

8 Principal occupation / Job title (See Instructions)

REAL ESTATE DVLDP.

9 Employer (See Instructions)

BLUESTONE

Date

1/29/24

Full name of contributor out-of-state PAC (ID#: _____)

HOWARD THORNTON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

P.O. BOX 1429, VAN ALSTINE TX 75495

Principal occupation / Job title (See Instructions)

i

Employer (See Instructions)

BLUESTONE

Date

2/2/24

Full name of contributor out-of-state PAC (ID#: _____)

DAVID BOULESS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O. BOX 1229, DENVER TX 75021

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/24

Full name of contributor out-of-state PAC (ID#: _____)

LUKE MOTLEY

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

111 S. TRAVIS, SHERMAN TX 75090

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

RAYSON CO ELECTIONS
024 FEB 5 AM 10:43:18

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 10F	
2 FILER NAME BRETT SMITH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1/18/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill BENTON	8 Amount of Contribution \$ 500.00	9 In-kind contribution description FOOD/DRINK
7 Contributor address; City; State; Zip Code 1401 HANDS RANCA RD, VAN ALSTUNE, TX 75495		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) REAL ESTATE - INSURANCE		13 Contributor's job title (FOR JUDICIAL) (See Instructions) SELF - BENTON LUTRELL	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 1/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRETT & DEBBIE GRAHAM	Amount of Contribution \$ 500.00	In-kind contribution description FOOD/DRINK
Contributor address; City; State; Zip Code 6801 W. CRAWFORD, DENISON TX 75020		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) OWNER		Contributor's job title (FOR JUDICIAL) (See Instructions) GRAHAM INTERNATIONAL	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

RAYSON CO ELECTIONS
2024 FEB 5 AM 10:43:23

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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 | 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: <i>1 of 3</i>	2 FILER NAME <i>BRETT SMITH</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/17/24</i>	5 Payee name <i>FASTSIGNS</i>	
6 Amount (\$) <i>735.02</i>	7 Payee address; City; State; Zip Code <i>1602 E. HOUSTON SHERMAN TX 75090</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>SIGNS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>1/22/24</i>	Payee name <i>THE POLITICAL FIRM</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>5555 HILTON AVE, #203 , BATON ROUGE LA 70808</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SCRIPT</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>1/24/23</i>	Payee name <i>FAST SIGNS</i>	
Amount (\$) <i>324.75</i>	Payee address; City; State; Zip Code <i>1602 E. HOUSTON SHERMAN TX 75090</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SIGNS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 NEEDED

REASON CO ELECTIONS
2024 FEB 5 AM 10:43:27

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: <i>2 of 3</i>	2 FILER NAME <i>BRETT SMITH</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/29/24</i>	5 Payee name <i>JOEL DUKE</i>	
6 Amount (\$) <i>1,400.00</i>	7 Payee address; City; State; Zip Code <i>101 D. STREET, WHITESBORO VA 76273</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>530N BUILDING / PLACEMENT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date <i>1/29/24</i>	Payee name <i>THE POLITICAL FIRM</i>		
Amount (\$) <i>540.00</i>	Payee address; City; State; Zip Code <i>5555 MILTON AVE #203, BATON ROUGE LA 70808</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>VOICE OVER</i>	Description <i>COMMERCIAL</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date <i>1/29/24</i>	Payee name <i>AK MEDIA</i>		
Amount (\$) <i>36,000.00</i>	Payee address; City; State; Zip Code <i>800 W. 47th ST, #200, KANSAS CITY, MO 64112</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>T.V. COMMERCIAL</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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RAISON CO ELECTIONS
10/24 FEB 5 AM 10:43:32

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: <i>3 of 3</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/1/24</i>	5 Payee name <i>AXIOM STRATEGIES</i>	
6 Amount (\$) <i>28,400</i>	7 Payee address; City; State; Zip Code <i>800 W. 47th St, #200, Kansas City, MO 64112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>MAIL</i>
	<input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/2/24</i>	Payee name <i>FAST SIGNS</i>		
Amount (\$) <i>324.75</i>	Payee address; City; State; Zip Code <i>1602 E. HOUSTON SHERMAN TX 75090</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

RAYSON CO ELECTIONS
2024 FEB 5 AM 10:43:37

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>1</u>	2 FILER NAME <u>BRETT SMITH</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/1/24</u>	5 Payee name <u>BONFIRE</u>	
6 Amount (\$) <u>820.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>1900 E. 15th St; BLD 600 EDMOND, OK 73013</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	(b) Description <u>TEXTS</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	

RAYSON GO ELECTIONS
2024 FEB 5 AM 10:43:42

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