

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | | |
|---|--|---|--------------------------------------|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00037644 | 2 Total pages filed: 8 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Steven L. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2024 |
| | NICKNAME Steve | LAST Smith | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | ZIP CODE | Date Hand-delivered or Date Postmarked |
| | REDACTED PER 254.0313, GOV'T CODE | | | Receipt # |
| | | | | Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Rusleen | MI | |
| | NICKNAME | LAST Maurice | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | REDACTED PER 254.0313, GOV'T CODE | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | | (979) 846-5232 | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | | | |
| | <input type="checkbox"/> July 15 | | | |
| | | | | <input type="checkbox"/> 30th day before election |
| | | | | <input type="checkbox"/> 8th day before election |
| | | | | <input type="checkbox"/> Runoff |
| | | | | <input type="checkbox"/> Exceeded modified reporting limit |
| | | | | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |
| | | | | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
| 9 PERIOD COVERED | Month | Day | Year | Month |
| | | | 07/01/2023 | THROUGH |
| | | | | Month |
| | | | | Day |
| | | | | Year |
| | | | | 12/31/2023 |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | <input type="checkbox"/> Primary |
| | | | <input type="checkbox"/> Runoff | |
| | | | <input type="checkbox"/> Other | |
| | | | <input type="checkbox"/> General | |
| | | | <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) | |
| | Court Of Appeals, Justice Place 3 District 10 | | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 8

13 C / OH NAME Smith, Steven L. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00037644

15 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.

Additional Pages

| | |
|---|--------------------------------------|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|--|----|-----------|
| 16 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) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 1,210.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 28,165.37 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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.

The Honorable Steven L. Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - JC/OH

| | |
|--|---|
| 18 FILER NAME Smith, Steven L. (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00037644 |
|--|---|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|--|----|-----------------|
| NAME OF SCHEDULE | | |
| 1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ | |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 1,210.00 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 720.00 |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 120.48 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/2 Rpt: 4/8 | 2 FILER NAME Smith, Steven L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00037644 |
| 4 Date 10/30/2023 | 5 Payee name Bryan/College Station Chamber of Commerce | |
| 6 Amount (\$) \$375.00 | 7 Payee address; City; State; Zip Code 1733 Briarcrest Drive, Suite 200 Bryan, TX 77802 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship of fundraiser |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2023 | Payee name Bryan/College Station Chamber of Commerce | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 1733 Briarcrest Drive, Suite 200 Bryan, TX 77802 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1/2 table sponsorship for annual dinner |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/22/2023 | Payee name Junction 505 | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 4410 College Main Bryan, TX 77801 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to annual fundraiser |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/2 Rpt: 5/8 | 2 FILER NAME Smith, Steven L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00037644 | |
| 4 Date 08/30/2023 | 5 Payee name SOS Ministries | | |
| 6 Amount (\$) \$85.00 | 7 Payee address; City; State; Zip Code P.O. Box 2866 Bryan, TX 77805 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ticket to annual fundraiser | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule I: Sch: 1/1 Rpt: 6/8 | 2 FILER NAME Smith, Steven L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00037644 |
| 4 Date 12/10/2023 | 5 Payee name American Board of Trial Advocates | |
| 6 Amount (\$) 100.00 | 7 Payee Address; City; State; Zip 2001 Bryan Street Suite 3000 Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) membership dues |
| Date 12/27/2023 | Payee name American Law Institute | |
| Amount (\$) 125.00 | Payee Address; City; State; Zip 4025 Chestnut Street Philadelphia, PA 19104 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) membership dues |
| Date 09/25/2023 | Payee name Appellate Judges Education Institute | |
| Amount (\$) 195.00 | Payee Address; City; State; Zip Judicial College Building MS 358 Reno, NV 89557 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) fees for annual education conference |
| Date 12/05/2023 | Payee name CVS | |
| Amount (\$) 300.00 | Payee Address; City; State; Zip 3000 S Texas Avenue Bryan, TX 77802 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense | (b) Description (See instructions regarding type of information required.) staff holiday gifts |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 7/8 |
| 2 FILER NAME Smith, Steven L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00037644 |
| 4 Date 08/14/2023 | 5 Name of person from whom amount is received PNC Bank | 8 Amount (\$) \$20.57 |
| | 6 Address of person from whom amount is received; City; State; Zip Code College Station, TX 77845 | |
| | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |
| Date 09/14/2023 | Name of person from whom amount is received PNC Bank | Amount (\$) \$21.21 |
| | Address of person from whom amount is received; City; State; Zip Code College Station, TX 77845 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer interest | |
| Date 10/14/2023 | Name of person from whom amount is received PNC Bank | Amount (\$) \$19.02 |
| | Address of person from whom amount is received; City; State; Zip Code College Station, TX 77845 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer interest | |
| Date 11/14/2023 | Name of person from whom amount is received PNC Bank | Amount (\$) \$21.15 |
| | Address of person from whom amount is received; City; State; Zip Code College Station, TX 78845 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer interest | |
| Date 12/14/2023 | Name of person from whom amount is received PNC Bank | Amount (\$) \$17.48 |
| | Address of person from whom amount is received; City; State; Zip Code College Station, TX 77845 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer interest | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 2/2 Rpt: 8/8 |
| 2 FILER NAME Smith, Steven L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00037644 |
| 4 Date 07/14/2023 | 5 Name of person from whom amount is received PNC Bank | 8 Amount (\$) \$21.05 |
| | 6 Address of person from whom amount is received; City; State; Zip Code College Station, TX 77845 | |
| | 7 Purpose for which amount is received interest | <input type="checkbox"/> Check if political contribution returned to filer |