CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The	C/OH Instruction (Guide explains how to compl		1 Filer ID (Ethics Commi 00081958		2 Total pages fi	led: 39	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
	DFFICEHOLDER NAME	The Honorable	Reginald			Date Received ELECTRONIC	ALLY FILED	
		NICKNAME	LAST Smith		SUFFIX	01/15/2024		
4 (CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered o	or Date Postmarked	
N	OFFICEHOLDER MAILING ADDRESS	PO Box 1947				Receipt #	Amount	
	Change of Address	Sherman, TX 75091				Date Processed		
						Date Imaged		
5 (CAMPAIGN	MS / MRS / MR	FIRST		MI			
1	FREASURER NAME	Mr.	Jared		IVII			
		NICKNAME	LAST Johnson		SUFFIX			
1	CAMPAIGN FREASURER ADDRESS	STREET ADDRESS (NO PO 4556 S. Fannnin Rd.	BOX PLEASE);	AP ⁻	/ SUITE#; CITY	; STA	ATE; ZIP CODE	
(Residence or Business)	Denison, TX 75020						
1	CAMPAIGN FREASURER PHONE	AREA CODE PHON (903) 821-1810	NE NUMBER E	EXTENSION				
	REPORT IYPE	X January 15	30th day before		Runoff [15th day after ca appointment (offi		
			our day before e	Election	reporting limit	Final Report (Att	acii C/OH-FR)	
	PERIOD COVERED	Month Day Year 07/01/2023	TH	IROUGH	Month Day 12/31/20	Year 23		
10 E	ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other		
11 (DFFICE	OFFICE HELD (if any) State Representative Dist	rict 62 Grayson		12 OFFICE SOUGH State Represen	T (if known) Itative District 62		
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 39

13 C / OH NAME	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exper These expenditures may have been made with officeholders are required to report this inform	out the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	Texas Alliance for Life Pac				
		COMMITTEE ADDRESS				
	SPECIFIC	8000 Centre Park Drive Suite 380				
		Austin, TX 78754				
		COMMITTEE CAMPAIGN TREASURER NAM	E			
		Shaw, James				
		COMMITTEE CAMPAIGN TREASURER ADD	RESS			
		4505 Corazon Cv				
		Round Rock, TX 78681				
16 CONTRIBUTION TOTALS	\$ 0.00					
	ANS)	\$ 108,772.85				
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 81,252.73		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 262,492.32		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		I swear, or affirm, under pe true and correct and include under Title 15, Election Cod	es all information required t			
		The H	onorable Reginald Smit	h		
		Signatur	e of Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL AB	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		rtify which, witness my hand and seal of office.				
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath		

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				3 of 39
18 FILER NAME Smith, Reginald (The	Honorable)	19 Filer ID 00081958	(Ethics Commissio	n Filers)
20 SCHEDULE SUBTOTAL NAME OF SCHEDULE	S	-	SUBTOTAL A	AMOUNT
1. X SCHEDULE	E A1: MONETARY POLITICAL CONTRIBUTIONS		\$	67,635.00
2. X SCHEDULE	E A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	DNS	\$	41,137.85
3. SCHEDULE	B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE	E E: LOANS		\$	
5. X SCHEDULE	F1: POLITICAL EXPENDITURES FROM POLITICAL CONTR	RIBUTIONS	\$	54,845.28
6. X SCHEDULE	F2: UNPAID INCURRED OBLIGATIONS		\$	26,407.45
7. SCHEDULE	F3: PURCHASE OF INVESTMENTS FROM POLITICAL CON	NTRIBUTIONS	\$	
8. SCHEDULE	F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE	G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	;	\$	
10. SCHEDULE	E H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BU	JSINESS OF C/OH	\$	
11. SCHEDULE	E I: NON-POLITICAL EXPENDITURES FROM POLITICAL CON	NTRIBUTIONS	\$	
12. X SCHEDULE TO FILER	K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE	BUTIONS RETURNED	\$	30.00

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/39	
2	FILER NAME Smith, Regin	ald (The Honorable)			3	Filer ID (Ethics Commission 00081958	on Filers)
4	Date 12/12/2023	 Full name of contributor		mittee	7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Abbott Park , IL 60064	1-		<u> </u>		
8	Principal occu	oation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/26/2023	Full name of contributor out- Allen Boone Humphries Robinso Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77027					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out- Apartment Association of Greate Contributor address; City; State; Zip				Amount of Contribution (\$)	\$500.00
		Irving, TX 75038					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/06/2023	Full name of contributor out- Beer Alliance of Texas PAC Contributor address; City; State; Zip Austin , TX 78701	of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 10/24/2023	Bentley Public Affairs	of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	()		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/39	
2	FILER NAME Smith, Regin	ald (The Honorable)			3	Filer ID (Ethics Commission 00081958	n Filers)
4	Date 10/06/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00
_	Detectional	Austin, TX 78701	_	Faralas and Constructions			
8	Lobbyist	pation / Job title (See Instructions)	9	Employer (See Instructions Bresnen Associates	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Choctaw Nation of Oklahoma Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
		Durant, OK 74702					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/26/2023	Full name of contributor x out-of-state PAC (ID#: C Comcast Corp and NBC Universal PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Philadelphia, TX 19103 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Cook, David Contributor address; City; State; Zip Code Mansfield, TX 76063)		Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions) de Representative		Employer (See Instructions Harris Cook LLP/State of		exas	
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Dallas Police Officer PAC Contributor address; City; State; Zip Code Dallas, TX 75215				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS 		SCHEDUI	_E A1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/39	
2	FILER NAME Smith, Regir	ald (The Honorable)			3	Filer ID (Ethics Commission 00081958	on Filers)
4	Date 12/18/2023	5 Full name of contributorDeloitte Political Action Con6 Contributor address; City; Stat		00211316)	7	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20044					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 12/26/2023	Full name of contributor Eli Lilly and Company PAC Contributor address; City; Stat	out-of-state PAC (ID#: <u>C</u>	00082792		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Indianapolis , IN 46285 pation / Job title (See Instructions)		Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)		Employer (See instructions	')		
	Date 09/06/2023	Full name of contributor Eye-Pac of the Texas Opthor Contributor address; City; Stat				Amount of Contribution (\$)	\$1,000.00
		Austin , TX 78701-1667					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/29/2023	Full name of contributor Eye-Pac of the Texas Opth Contributor address; City; Stat Austin , TX 78701-1667				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/15/2023	Full name of contributor Fleming, Dorothy Contributor address; City; Stat Sherman, TX 75090	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/39	
2	FILER NAME Smith, Regin	nald (The Honorable)			3	Filer ID (Ethics Commission 00081958	on Filers)
4	Date 10/06/2023	 Full name of contributor out-of-state PAC (IE Foley & Lardner, LLP Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1,000.00
_	Deignigal	Dallas, TX 75201		Franksian (Cookastustians			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/24/2023	Full name of contributor out-of-state PAC (IE Ford, Curtis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin , TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Chief Execut	,		Media Choice LLC	')		
	Date 10/06/2023	Full name of contributor out-of-state PAC (IE Funds Available for Involved Reporters PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Athens , TX 75751					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/18/2023	Full name of contributor out-of-state PAC (IE Hillco PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (III Homepac of Texas Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/39	
2	FILER NAME Smith, Regin	ald (The Honorable)			3	Filer ID (Ethics Commission 00081958	on Filers)
4	Date 10/24/2023	 Full name of contributor out-of- IBAT PAC Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor 	state PAC (ID#: ode		7	Amount of Contribution (\$)	\$500.00
_	Dringing! goog	Austin, TX 78701	lo.	Employer (Coo Instructions			
0	Pilicipai occu	pation / Job title (See Instructions)	9	Employer (See Instructions	')		
	Date 10/06/2023	Full name of contributor out-of- Linebarger Goggan Blair and Samp Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin , TX 78760 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	,			,		
	Date 10/06/2023	Full name of contributor out-of- Locke Lord LLP Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$500.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/12/2023	Markham, Douglas	state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Sprott Newsom	()		
	Date 10/06/2023	McGuire, Michael	state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu President an	pation / Job title (See Instructions)		Employer (See Instructions Andrews Distributing	5)		
	. resident dil			Distributing			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	JIN 5		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/39	
2	FILER NAME Smith, Regir	nald (The Honorable)			3	Filer ID (Ethics Commission 00081958	on Filers)
4	Date 12/18/2023	5 Full name of contributor Morris, Margie6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$25.00
		Sherman, TX 75092					
8	Principal occu Teacher	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)		
	Date 10/24/2023	Full name of contributor Ovintiv USA Inc PAC Contributor address; City; St Colorado, TX 80202	x out-of-state PAC (ID#: <u>C</u> ate; Zip Code	C00431932)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 11/30/2023	Full name of contributor Pelkey, Donna Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Detection	Howe, TX 75459	\	Frankrije (O. a. kratinski ara			
	Teacher	pation / Job title (See Instructions)	Employer (See Instructions Retired.	5)		
Date Full name of contributor X out-of-state PAC (ID#: C0001) 12/26/2023 Pfizer PAC Contributor address; City; State; Zip Code		000016683		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	New York , NY 10017 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/06/2023	Full name of contributor Political Action Committee Contributor address; City; St Austin , TX 78701		surance Agents of Texas	-	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/39	
2	FILER NAME Smith, Regin	nald (The Honorable)			3	Filer ID (Ethics Commissi 00081958	on Filers)
4	Date 10/06/2023	5 Full name of contributor Sampson Public Affairs L6 Contributor address; City; S			7	Amount of Contribution (\$)	\$500.00
		Austin , TX 78749					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instruction:	s)		
	Date 12/20/2023	Full name of contributor Schiebmier, Alan Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Principal occu	Sherman, TX 75092 pation / Job title (See Instruction	s)	Employer (See Instruction:	s)		
	Retired	pation / cos title (coe mondotton	<i>-</i> ,	Retired	٥,		
	Date 10/24/2023	Full name of contributor Slaughter, Johnny Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
		Katy, TX 77494					
	Principal occu President	pation / Job title (See Instruction	s)	Employer (See Instructions Cotton Logistics	s)		
	Date 12/21/2023	Full name of contributor TREPAC Contributor address; City; S Austin , TX 78768				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instruction:	s)		
	Date 10/06/2023	Full name of contributor TSA PAC Contributor address; City; S Austin , TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instruction:	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/39	
2	FILER NAME Smith, Regin	ald (The Honorable)		3	Filer ID (Ethics Commission 00081958	ion Filers)
4	Date 08/19/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25,000.00
_	5	Austin, TX 78701		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 12/23/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin , TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Deer Associations-PAC Contributor address; City; State; Zip Code Cedar Park , TX 78630			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Economic Development Council-PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Texas Instruments, Inc. PAC Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/39	
2	FILER NAME Smith, Regir	ald (The Honorable)		3	Filer ID (Ethics Commission 00081958	on Filers)
4	Date 10/06/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Firefighters Action Co Contributor address; City; State; Zip Code Austin , TX 78745			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin , TX 78701 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/17/2023	Full name of contributor out-of-state PAC (ID#:_ Texpac-Statewide Contributor address; City; State; Zip Code Austin , TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Vistra Employee PAC of Vistra Corp. Contributor address; City; State; Zip Code Irving , TX 75039			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 13/39				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	nald (The Honorable)		00081958			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description			
10/20/2023	- 7 looodiatod (topublicario et l'oxao Garripaigir l'al	nd	\$4,424.25 Campaign Digital			
	7 Contributor address; City; State; Zip Code		Advertising			
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Data	Full pages of contributor.		Amount of I to bind a orbifolding			
Date 08/03/2023	Full name of contributor out-of-state PAC (ID#: Associated Republicans of Texas Campaign Full)	Amount of In-kind contribution contribution (\$) description			
00/03/2023	Contributor address; City; State; Zip Code		\$4,000.00 Campaign Digital			
	Continuator address, City, State, 219 Code		Advertising			
			į į			
	Austin, TX 78701	Check if travel outside of Texas. Complete Schedule T.				
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
	p		(
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)					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description			
08/03/2023	Associated Republicans of Texas Campaign Fu	na	\$1,963.60 Campaign digital			
	Contributor address; City; State; Zip Code		advertising			
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.			
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
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)					
I						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 14/39			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	nald (The Honorable)		00081958			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution			
12/31/2023	Phelan, Dade		contribution (\$) description \$15,250.00 Campaign polling			
	7 Contributor address; City; State; Zip Code		I July 15,250.00 Campaign poining			
			!			
	Austin, TX 78763		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
Broker/Seni	or Vice President/State Representative	Phelan Investment	s/State of Texas			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ı				
Date	Full name of contributor out-of-state PAC (ID#:	`	Amount of ! In-kind contribution			
11/03/2023	TREPAC		contribution (\$) description			
11/03/2023			\$250.00 Advertising for fundraising			
	Contributor address; City; State; Zip Code		event in support of Reggie			
			Smith HD 62			
	Austin , TX 78768		l 🗖 i			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (EOR NON	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions)			
Filicipal occi	apation 7 30b title (1 Of NON-30biolAL) (666 institutions)	Limployer (i OK NON	-SODICIAL) (See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributors	principal occupation (i or 30DiciAL)	Contributor 3 Job title	(I ON SOBICIAL) (See instructions)			
Contributorio	omployer/low firm (FOD JUDICIAL)	Low firm of contribute	orla anguas (if any) (EOD JUDICIAL)			
Contributors	employer/law firm (FOR JUDICIAL)	Law IIIII of Contribute	or's spouse (if any) (FOR JUDICIAL)			
	·					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution			
12/13/2023	Texans for Lawsuit Reform PAC		contribution (\$) description \$15,250.00 Campaign polling			
	Contributor address; City; State; Zip Code		I			
	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) Contributor's job title (FOR JUDICIAL) (See instructions)						
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)	<u> </u>				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
-	Sch: 1/18 Rpt: 15/39	Smith, Reginald (The Honorable)	00081958
4	Date	5 Payee name	
	12/04/2023	American Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,569.80	4333 Amon Carter Boulevard	
		Fort Worth , TX 76155	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T.
	EXI ENDITORE		TX, officeholder living expense
			to Wyoming for the Global Energy and all Issues Conference.
		Livioninent	in 133de3 Conference.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	11/29/2023	Aviation Parking Garage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.00		
	Φ29.00	8008 Herb Kelleher Way	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T.
	EXI ENDITORE	l	TX, officeholder living expense
		Parking at Lo	ve Field to attend to legislative duties.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experioritire to beriefit C/Or	п	
	Date	Payee name	
	11/20/2023	Aviation Parking Garage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	8008 Herb Kelleher Way	
		Dellas TV 75325	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver out or district	outside of Texas. Complete Schedule T. TX, officeholder living expense
		I — I —	ve Field for the week to attend
		legislative set	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 2/18 Rpt: 16/39	Smith, Reginald (The Honorable)	00081958					
4 Date	5 Payee name						
10/11/2023	Aviation Parking Garage						
6 Amount (\$)	7 Payee address; City; State; Zip Co	de					
\$32.00	8008 Herb Kelleher Way						
	Dallas, TX 75235						
8 PURPOSE OF		(b) Description					
EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Parking at Love Field for the week to attend					
		legislative session.					
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held					
expenditure to benefit C/O	Н						
Date	Payee name						
10/19/2023	Aviation Parking Garage						
Amount (\$)	Payee address; City; State; Zip Co	de					
\$45.00	8008 Herb Kelleher Way						
	Dallas, TX 75235						
PURPOSE OF	C , (con amagement and the contract)	(b) Description					
EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Parking at Love Field for the week to attend					
		legislative session.					
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held					
expenditure to benefit C/O	H						
Date	Payee name						
07/14/2023	Aviation Parking Garage						
Amount (\$)	Payee address; City; State; Zip Co	de					
\$48.00	8008 Herb Kelleher Way						
	Dallas, TX 75235						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Parking at Love Field for the week to attend					
		legislative session.					
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held					
expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/18 Rpt: 17/39	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	11/06/2023	Billow Marketing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,951.69	307 W. FM 120
		Pottsboro, TX 75076
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Redesign of logo and campaign signs.
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2023	Billow Marketing
	Amount (\$)	Payee address; City; State; Zip Code
	\$595.30	307 W. FM 120
	, , , , , ,	
		Pottsboro, TX 75076
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consultation on theme of the campaign and design
		of logo.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/OI	<u>'</u>
	Date	Payee name
	07/17/2023	Billow Marketing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,261.66	307 W. FM 120
		Pottsboro, TX 75076
_	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Preparation and distribution of session wrap up
		email.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Printing Expense Salaries/Wages/Contract Labor			OTHER (enter a category not listed above)					
Cleuit Caru Payment			The Instruction G	Guide explains h	now to co	mple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 4/18 Rpt: 18/39		Smith, Regi	nald (The Hone	orable)					00081958		
4	Date	5	Payee name									
	08/08/2023			and Chop Ho	ıse							
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$638.01		•	y Dr Suite B-1		·						
			· ·									
			Plano, TX 7	5024								
8	PURPOSE	(2)					(h)	Description				
o	OF	(a)		ee Categories listed at age Expense	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		roou/bever	age Expense				=		officeholder livin		
								Office holder	din	ner meetin	g.	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	С	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/21/2023		Campos, Kh	niabet								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		E. 17th St. A	Apt 110								
			Austin , TX	78702								
	PURPOSE	(a)		ee Categories listed at	the ten of this color	adula)	(b)	Description				
	OF	'		ges/Contract L		edule)	(-,	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Galarioo, We	1900/00/11/40/ 2				Check if Austin,	, TX,	officeholder living	g expense	
								Contract labo	r fc	r Decembe	r and Januar	y.
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	office sou	ght			Office h	eld	
	experioritire to beriefit C/O											
	Date		Payee name									
	10/18/2023		Campos, Kh	niabet								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		E. 17th St. A	Apt 110								
			$Austin\ , TX$	78702								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ages/Contract L				ш			plete Schedule T.	
	LAFENDITORE							_		officeholder livin		
								Contract labo	r tc	or August a	na Septembe	er.
	Operation ONE VIII II	L_	2			vec:	and a st			0,,,	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	С	office sou	gnt			Office h	eia	
	,											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 19/39	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	12/04/2023	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$216.60	1400 Congress Ave Suite E1.006
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas ornaments for constituents.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/21/2023	Coulson, Turner
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	307 Texoma Dr.
		Whitesboro, TX 76273
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract labor for January.
		Contract labor for Sandary.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Power name
	11/29/2023	Payee name Coulson, Turner
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	307 Texoma Dr.
	Ψ1,000.00	COT TOXOTHE DT.
		Whitesboro, TX 76273
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract labor for December.
		Contract tabol for December.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Sch: 6/18 Rpt: 20/39 Smith, Reginald (The Honorable) 3 Filer ID (Ethics Commission Filers 00081958) 4 Date O9/26/2023 Spage name Coulson, Turner 6 Amount (\$) 7 Payee address; City; State; Zip Code 307 Texoma Dr. Whitesboro, TX 76273	5)
Sch: 6/18 Rpt: 20/39 Smith, Reginald (The Honorable) 00081958 4 Date 09/26/2023 5 Payee name Coulson, Turner 6 Amount (\$) \$1,500.00 7 Payee address; City; State; Zip Code 307 Texoma Dr.	5)
4 Date 09/26/2023 5 Payee name Coulson, Turner 6 Amount (\$) 7 Payee address; City; State; Zip Code 307 Texoma Dr.	
09/26/2023 Coulson, Turner 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,500.00 \$307 Texoma Dr.	
6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,500.00 307 Texoma Dr.	
\$1,500.00 307 Texoma Dr.	
Whitesboro, TX 76273	
Whitesboro, TX 76273	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Salaries/Wages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Check if Austin, TX, officeholder living expense	
Contract labor for September, October and	
November.	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	_
08/01/2023 Coulson, Turner	
Amount (\$) Payee address; City; State; Zip Code	
\$1,000.00 307 Texoma Dr.	
Ψ1,000.00 001 ΤΟΛΟΙΙΙά DI.	
Whitechara TV 70272	
Whitesboro, TX 76273	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Description (b) Description	
Salaries/Wages/Contract Labor EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Contract labor for July and August.	
Sommati has a first out of the first out	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Data Burnana	
Date Payee name	
09/19/2023 Dee Lincoln Prime	
Amount (\$) Payee address; City; State; Zip Code	
\$505.42 6670 Winning Dr.	
Frisco, TX 75034	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Food/Beverage Expense Gheck if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Office holder dinner meeting.	
Operation ONLY if the state of	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense		pense ages/C	Contract Labor e this form.		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:								Filer ID	(Ethics Commission Filer	rs)
	Sch: 7/18 Rpt: 21/39	Smith, Reg	inald (The Honora	ble)					00081958		
4	Date	5 Payee name									
	07/24/2023	Del Frisco's									
6	Amount (\$)	7 Payee addre		State;	Zip Coo	de					
	\$247.18	154 E. Thir	d St.								
		F	TV 70400								
_	DUDDOGE	Fort Worth,			1.	(h.)					
8	PURPOSE OF		See Categories listed at the t	top of this sched	dule)	(a) []	Description Check if travel o	outsin	de of Texas Com	plete Schedule T.	
	EXPENDITURE	roou/Beve	rage Expense			F			officeholder living		
						7	Office holder i	me	eting.		
9	Complete ONLY if direct expenditure to benefit C/Oh		ïceholder name	Of	ffice soug	ght			Office he	eld	
	Date	Payee name									
	12/21/2023	Garrett, Jos	shua								
	Amount (\$)	Payee addre	ess; City;	State;	Zip Coo	de					
	\$1,000.00	17121 Valle	ey Glen Rd								
		Pflugerville	, TX 78660								
	PURPOSE		See Categories listed at the t		dule)	(b) [Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Lab	or		Ę	⊒		de of Texas. Com officeholder living	plete Schedule T.	
						L	_			r and January.	
										•	
	Complete ONLY if direct		iceholder name	Of	ffice soug	ght			Office he	eld	
	expenditure to benefit C/OI	-									
	Date	Payee name									
L	10/18/2023	Garrett, Jos	shua					_			
	Amount (\$)	Payee addre		State;	Zip Coo	de					
	\$500.00	17121 Valle	ey Glen Rd								
L		Pflugerville	, TX 78660								
	PURPOSE OF		See Categories listed at the t		dule)	(b) [Description				
	EXPENDITURE	Salaries/W	ages/Contract Lab	or		Ē	_		de of Texas. Com officeholder living	plete Schedule T.	
						L	_			id September	
									-	-	
	Complete ONLY if direct		iceholder name	Of	ffice soug	ght			Office he	eld	
	expenditure to benefit C/OI	4									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	·
1	Total pages Schedule F1: Sch: 8/18 Rpt: 22/39	2 FILER NAME Smith, Reginald (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081958
4	Date	5 Payee name
	08/04/2023	Grand Central Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	619 E. Houston St.
		Sherman, TX 75090
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	07/05/2023	Grayson County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	P.O. Box 3122
	, _, _ , _ , _ ,	
		Charman, TV 75000
		Sherman, TX 75092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Sponsorship for fundraiser picnic.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/61	·
	Date	Payee name
	10/20/2023	Greater Texoma Association of Realtors
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	PO Box 1862
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Charman, TV 75004
		Sherman, TX 75091
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/OI	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/18 Rpt: 23/39	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	12/05/2023	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.91	10019 S IH 35 Frontage Rd
		Austin , TX 78747
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottled water for legislative office.
		Bottled Water 101 logislative emice.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	David and the second se
	Date	Payee name
	07/05/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.21	10019 S IH 35 Frontage Rd
		Austin , TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_,, _, _, _, _, _, _, _, _, _, _, _,	Check if Austin, TX, officeholder living expense
		Bottled water for legislative office.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2023	Hotel Stella
	Amount (\$)	Payee address; City; State; Zip Code
	\$265.07	4100 Lake Atlas Dr.
		Bryan , TX 77807
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging for attendance at fundraiser for Kyle Kacal.
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 24/39	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
L	08/23/2023	Hyatt Regency Lost Pines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$526.49	575 Hyatt Lost Pines Rd
		Cedar Creek, TX 78612
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Housing for Republican Caucus meeting.
		Trousing for republican Gadeas meeting.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/18/2023	KC Strategies, LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	3571 Far West Blvd
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting fee.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/21/2023	McCarthy, Lauren
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1610 Waterston Ave Apt 7
		Austin , TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Contract labor for December and January.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 11/18 Rpt: 25/39	2 FILER NAME Smith, Reginald (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081958						
4	Date 10/18/2023	5 Payee name McCarthy, Lauren						
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1610 Waterston Ave Apt 7 Austin , TX 78703						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for August and September.						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date 10/02/2023	Payee name Metcalf, Will						
	Amount (\$) \$2,400.00	Payee address; City; State; Zip Code 100 Nugents St.						
	PURPOSE OF EXPENDITURE	Conroe, TX 77301 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Purchase of auction item at fundraiser.						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date 10/10/2023	Payee name Monarch						
	Amount (\$) \$1,324.31	Payee address; City; State; Zip Code 1401 Elm St.						
		Dallas , TX 75202						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office holder dinner meeting.						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (ontre a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 12/18 Rpt: 26/39	Smith, Reginald (The Honorable) 00081958							
4	Date	5 Payee name							
L	12/11/2023	National Rifle Association							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$100.00	11250 Waples Mill Road							
		Fairfax, VA 22030							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Purchase of membership.							
		The state of the s							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	-							
F	Date	Payee name							
	12/01/2023	New John Carver Co.							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$553.56	509 Rio Grande St.							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Office holder dinner meeting.							
Office floider diffice theeting.									
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	10/31/2023	New John Carver Co.							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$674.82	509 Rio Grande St.							
	Austin , TX 78701								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Office holder dinner meeting.							
		Office Holder diffile meeting.							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
\vdash									
I									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:									
1	Sch: 13/18 Rpt: 27/39	Smith, Reginald (The Honorable) Smith, Reginald (The Honorable) 00081958								
4	Date	5 Payee name								
	07/25/2023	Omni Hotels								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$323.33	1300 Houston St.								
		Fort Worth, TX 76102								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.								
	LA LINDITORE	Check if Austin, TX, officeholder living expense								
		Lodging for Texas Sheriff's Association Conference								
		for the acceptance of an award.								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
_										
	Date	Payee name								
	12/06/2023	Ramenofsky, Christina								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,950.00	1525 Douglas Ave.								
		Nashville, TN 37206								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense								
		X Check if Austin, TX, officeholder living expense								
Housing rental expense in Austin for Decemb										
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	11/06/2023	Ramenofsky, Christina								
\vdash										
	Amount (\$)									
	\$1,950.00	1525 Douglas Ave.								
		Nashville, TN 37206								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		X Check if Austin, TX, officeholder living expense								
		Housing rental expense in Austin for November.								
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held								
L	experiorare to benefit C/OI	¬								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
Ļ									
1	Total pages Schedule F1: Sch: 14/18 Rpt: 28/39	2 FILER NAME Smith, Reginald (The Honorable) 3 Filer ID (Ethics Commission Filers 00081958	3)						
4	Date	5 Payee name							
•	10/02/2023	Ramenofsky, Christina							
6	Amount (\$) \$1,950.00	7 Payee address; City; State; Zip Code 1525 Douglas Ave.							
	Ψ1,330.00	1020 Dodgitts / We.							
		Nashville, TN 37206							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		X Check if Austin, TX, officeholder living expense							
		Housing Rental Expense in Austin for October.							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	09/05/2023	Ramenofsky, Christina							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,950.00	1525 Douglas Ave.							
		Nashville, TN 37206							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
X Check if Austin, TX, officeholder living expense Housing rental expense in Austin for Septemb									
	Housing rental expense in Austin for September								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	08/03/2023	Ramenofsky, Christina							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,950.00	1525 Douglas Ave.							
Nashville, TN 37206									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense							
		Check if Austin, TX, officeholder living expense							
		Housing rental expense in Austin for August.							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 15/18 Rpt: 29/39	Smith, Reginald (The Honorable) 00081958							
4	Date	5 Payee name							
	07/05/2023	Ramenofsky, Christina							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,950.00	1525 Douglas Ave.							
		Nashville, TN 37206							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		\times \text{\text{Check if Austin, TX, officeholder living expense}} \text{Housing rental expense in Austin for July.}							
		Troubling roman expense in 7 desir for dary.							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol	1							
	Date	Payee name							
	11/16/2023	Republican Party of Texas							
	Amount (\$)	Payee address; City; State; Zip Code							
\$750.00 PO Box 2206									
		Austin, TX 78768							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
Check if Austin, TX, officeholder living expense Filing fee for office.									
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	07/10/2023	Round Rock Express							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$288.00	3400 E. Palm Valley Blvd							
		Round Rock, TX 78665							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Tickets for capitol staff.							
		Tioners for expirer stain.							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·							
\vdash									
l									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

teimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 16/18 Rpt: 30/39	Smith, Reginald (The Honorable) 00081958			
4	Date	5 Payee name			
	12/19/2023	Rudolph, Jennifer			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$700.00	107 Vicksburg Cove			
		Elgin, TX 78621			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Campaign photographs			
		Campaign photographs			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·			
_	Date				
	11/15/2023	Payee name Sammie's Italian			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$384.74	807 W. 6th St.			
		Austin , TX 78703			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
Check if Austin, TX, officeholder living expense Officeholder dinner meeting.					
		Officeriolder diffile theeting.			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data	B			
	Date 12/06/2023	Payee name			
		Snow King			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$878.00	400 E. Snow King Ave			
		Jackson , WY 83001			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Housing for Global Energy and Environmental Issues			
		Conference.			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 17/18 Rpt: 31/39	2 FILER NAME Smith, Reginald (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081958						
4	Date 07/18/2023	5 Payee name Southwest Airlines						
6	Amount (\$) \$397.97	7 Payee address; City; State; Zip Code 2702 Love Field Dr						
8	PURPOSE OF EXPENDITURE	Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flights to Austin for legislative session.						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date 09/11/2023	Payee name Sushi by Scratch						
	Amount (\$) \$732.45	Payee address; City; State; Zip Code 575 Hyatt Lost Pines Rd.						
	PURPOSE OF EXPENDITURE	Cedar Creek , TX 78621 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office holder dinner meeting at caucus retreat.						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date 10/10/2023	Payee name TST Clarks						
	Amount (\$) \$278.30	Payee address; City; State; Zip Code 1200 W. 6th St.						
		Austin , TX 78703						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting with staff.						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G			ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed abov	re)
1	Total pages Schedule F1:	2	EII ED NIAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 18/18 Rpt: 32/39			nald (The Hond	rable)				3	00081958	(Ethics Commission	ii Fileis)
4	Date	5	Payee name									
	12/11/2023		The Energy	Council								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
l	\$395.00		13760 Noel	Road, Suite 11	.60							
l												
l												
l			Dallas, TX 7	′5240								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b)	Description				
l	OF		Fees			,		`	outsi	de of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Fee for attend	dan	ice at Globa	al Energy and	
l								Environmenta	al Is	ssues Conf	erence	
9	Commission ONII V if divers	<u> </u>	Daniel data (Offi)#:				Office h	ald	
ľ	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/OIII	ceholder name	C	Office sou	Jnı			Office fi	eiu	
L												
Г	Date		Payee name									
	09/25/2023		W Hotel									
⊢	Amount (\$)	┝	Payee addres	ss; City;	Stato:	Zip Co	40					
					State,	Zip Co	ue					
	\$991.57		2440 Victor	/ Park								
			Dallas , TX	75219								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b)	Description				
l	OF EXPENDITURE		Travel Out	of District				—			nplete Schedule T.	
Check if Austin, 1X, officeholder living expense												
l								Housing for fu	und	Iraiser in Da	allas.	
l												
Г	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
l	expenditure to benefit C/O	Н										
⊢												
l												
l												
l												
l												
l												
l												
l												
l												
l												
l												

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/4 Rpt: 33/39 Smith, Reginald (The Honorable) 00081958 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/21/2023 **Billow Marketing** Amount (\$) Payee address; State; Zip Code City; \$4,981.67 307 W. FM 120 Pottsboro, TX 75076 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 4x8 signs 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/22/2023 **Billow Marketing** Payee address: Amount (\$) City; State; Zip Code \$3,321.11 307 W. FM 120 Pottsboro, TX 75076 **TYPE OF** Non-Political Political Χ **EXPENDITURE**

(b) Description

Office sought

4x8 signs

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

Candidate/Officeholder name

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/4 Rpt: 34/39 Smith, Reginald (The Honorable) 00081958 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 11/29/2023 **Billow Marketing** Amount (\$) Payee address; State; Zip Code City; \$47.25 307 W. FM 120 Pottsboro, TX 75076 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense updating of email list. 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/18/2023 Billow Marketing Payee address: Amount (\$) City; State; Zip Code \$176.18 307 W. FM 120 Pottsboro, TX 75076 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Development and distribution of district wide email. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/4 Rpt: 35/39 Smith, Reginald (The Honorable) 00081958 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/18/2023 **Billow Marketing** Amount (\$) Payee address; State; Zip Code City; \$89.79 307 W. FM 120 Pottsboro, TX 75076 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense changes to logo design 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/06/2023 KC Strategies, LLC Amount (\$) Payee address; State; Zip Code \$14,741.35 3571 Far West Blvd Austin, TX 78731 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Direct mailer and development of door hanger. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 36/39 Smith, Reginald (The Honorable) 00081958 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/31/2023 KC Strategies, LLC Amount (\$) Payee address; State; Zip Code \$3,000.00 3571 Far West Blvd Austin, TX 78731 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly consulting fee. 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/29/2023 Mailchimp Payee address: Amount (\$) City; State; Zip Code \$50.10 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailchimp subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE K

	The Instru	pages Schedule K: 1/2 Rpt: 37/39				
2	FILER NAME		Filer	ID (Ethics Commission F	ilers)	
	Smith, Regin	nald (The Honorable)		0008	31958	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	12/27/2023	Simmons Bank				\$5.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		, ,				
		Pine Bluff, AR 71611				
		7 Purpose for which amount is received	ooliti	cal co	ntribution returned to filer	
		Relationship Rewards Cash Back				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/28/2023	Simmons Bank				\$5.00
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom difficult is received, Oily, State, 2-p code				
		Pine Bluff, AR 71611				
		Purpose for which amount is received	ooliti	cal co	ntribution returned to filer	
		Relationship Rewards Cash Back				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/26/2023	Simmons Bank				\$5.00
		Address of person from whom amount is received; City; State; Zip Code				
		Pine Bluff, AR 71611				
		Purpose for which amount is received	ooliti	cal co	ntribution returned to filer	
		Relationship Rewards Cash Back				
	Date	Name of person from whom amount is received			Amount (\$)	
	09/26/2023	Simmons Bank				\$5.00
		Address of person from whom amount is received; City; State; Zip Code				
		Pine Bluff, AR 71611				
		Purpose for which amount is received	ooliti	cal co	ntribution returned to filer	
		Relationship Rewards Cash Back				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/28/2023	Simmons Bank				\$5.00
		Pine Bluff, AR 71611				
		Purpose for which amount is received	ooliti	cal co	ntribution returned to filer	
		Relationship Rewards Cash Back				
l						

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 38/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Smith, Reginald (The Honorable) 00081958 5 Name of person from whom amount is received 8 Amount (\$) Date 07/26/2023 \$5.00 Simmons Bank 6 Address of person from whom amount is received; City; State; Zip Code Pine Bluff, AR 71611 Purpose for which amount is received Check if political contribution returned to filer Relationship Rewards Cash Back

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 39/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Smith, Reginald (The Honorable) 00081958 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Smith, Reggie (Rep.) Departure city or name of departure location 01/07/2024 Dallas, Texas 9 Destination city or name of destination location 01/07/2024 Jackson, Wyoming 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Attendance at the Global Energy and Environmental Issues Conference