CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

REPORT TYPE July 15 Sth day before election 8th day before election Final Report (Attach C/OH-FR)	
OFFICEHOLDER NAME The Honorable Independent of the Honorable John T. NICKNAME LAST Smithee 4 ORIGINAL REPORT TYPE July 15 July 15 Streeded modified reporting limit John T. Runoff Exceeded modified reporting limit Streed to appointment (officeholder only) Sth day before election Final Report (Attach C/OH-FR) 5 ORIGINAL PERIOD COVERED Month Day Year O7/01/2023 THROUGH 12/31/2	MI ELECTRONICALLY FILED 01/19/2024 SUFFIX Date Hand-delivered or Date Postmarked Page Processed Date Processed Date Imaged
OFFICEHOLDER NAME The Honorable Independent of the Honorable John T. NICKNAME LAST Smithee 4 ORIGINAL REPORT TYPE July 15 July 15 Streeded modified reporting limit John T. Runoff Exceeded modified reporting limit Streed to appointment (officeholder only) Sth day before election Final Report (Attach C/OH-FR) 5 ORIGINAL PERIOD COVERED Month Day Year O7/01/2023 THROUGH 12/31/2	Other (specify) Date Hand-delivered or Date Postmarked Page Processed Date Processed Date Processed Date Processed
NAME NICKNAME LAST Smithee 4 ORIGINAL REPORT TYPE July 15 July 15 Streeded modified reporting limit 30th day before election 8th day before election Final Report (Attach C/OH-FR) 5 ORIGINAL PERIOD COVERED Month Day Year 07/01/2023 THROUGH 12/31/2	SUFFIX Date Hand-delivered or Date Postmarked Other (specify) Receipt # Amount Date Processed Day Year Date Imaged
Smithee 4 ORIGINAL REPORT TYPE July 15 July 15 Sth day before election 8th day before election ORIGINAL PERIOD COVERED Month Day Year O7/01/2023 THROUGH THROUGH Smithee Runoff Exceeded modified reporting limit Exceeded modified reporting limit	Date Hand-delivered or Date Postmarked Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE July 15 Sth day before election 8th day before election 8th day before election Final Report (Attach C/OH-FR) 5 ORIGINAL PERIOD COVERED Month Day Year 07/01/2023 THROUGH 12/31/2	Other (specify) Receipt # Amount Date Processed Date Imaged
REPORT TYPE July 15 Streeded modified reporting limit 30th day before election 8th day before election Final Report (Attach C/OH-FR) 5 ORIGINAL PERIOD COVERED Month Day Year 07/01/2023 THROUGH 12/31/3 6 EXPLANATION OF CORRECTION	Receipt # Amount Date Processed Day Year Date Imaged
30th day before election appointment (officeholder only) 8th day before election Final Report (Attach C/OH-FR) 5 ORIGINAL PERIOD COVERED Month Day Year Month D 07/01/2023 THROUGH 12/31/2 6 EXPLANATION OF CORRECTION	Date Processed Date Imaged
appointment (officeholder only) Sth day before election Final Report (Attach C/OH-FR) 5 ORIGINAL PERIOD COVERED 07/01/2023 THROUGH 12/31/3 6 EXPLANATION OF CORRECTION	Date Imaged /2023
5 ORIGINAL PERIOD Month Day Year Month D COVERED 07/01/2023 THROUGH 12/31/2 6 EXPLANATION OF CORRECTION	/2023
COVERED 07/01/2023 THROUGH 12/31/3 6 EXPLANATION OF CORRECTION	/2023
6 EXPLANATION OF CORRECTION	
	as a credit on Austin housing rental expense.
	as a credit off Austiff flousting fertial expense.
There was an inadvertent double payment of the Chase credit card statement of Auguas a credit on 12/29/2023	ust 11, 2023 in the amount of \$314.01 which was reimbursed
7 AFFIDAVIT	
	under penalty of perjury, that this corrected report is true
Check the box next	tt to any and all applicable statements:
X Semiannual	reports: I swear, or affirm that the original report
was made in	good faith and without an intent to mislead or to
misrepresent	t the information contained in the report.
	ts: I swear, or affirm, that I am filing this corrected
	er than the 14th business day after the date I learned rt as originally filed is inaccurate or incomplete. I
	rm, that any error or omission in the report as originally de in good faith.
illeu was mac	ao in good ididi.
	The Honorable John T. Smithee
	Signature of Candidate or Officeholder
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said	this the
Sworn to and subscribed before me, by the said	
, 25, to obtain which, waters my hard and search	o. oo.
Signature of officer administering oath Printed name of officer administe	ering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	his form.	Filer ID (Ethics Commis 00020664	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR FIR	RST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable Jol	hn T.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME LAS	ST	•••••	SUFFIX	01/19/2024	
	Sm	nithee				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	ITE #; CITY;		ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	2808 Parker				Receipt#	Amount
Change of Address	Amarillo, TX 79109					
	Amamio, 1X 79103				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIR	ST		MI		
TREASURER NAME	Mr. Mik	се				
	NICKNAME LAS			SUFFIX		
	Sta	ndefer				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	(PLEASE);	APT	/ SUITE #; CITY	; STA	TE; ZIP CODE
TREASURER ADDRESS	4805 Spartanburg					
(Residence or Business)	Amarillo, TX 79119					
7 CAMPAIGN	AREA CODE PHONE N	UMBER EX	TENSION			
TREASURER PHONE	(806) 359-8623					
8 REPORT TYPE	X January 15 3	30th day before el	lection \square	Runoff	15th day after car	nnaign traasurar
		our day before of		L	appointment (office	
	July 15 8	8th day before ele		Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	THR	OUGH	12/31/20	23	
10 ELECTION	ELECTION DATE	T		ELECTION TYPE		
	Month Day Year	X Prim	nary	Runoff	Other	
	03/05/2024	Gen	ieral	Special		
				<u></u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative District 8	36		State Represen	tative District 86	
	1			1		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 64

13 C / OH NAME	Smithee, John T. (Th	e Honorable)	14 Filer ID (E 00020664	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 120,565.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 106,466.27
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 291,215.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable John T. Smithe	e
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		· · · · · · · · · · · · · · · · · · ·
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					4 01 64
_	ER NAM	ME John T. (The Honorable)	19 Filer ID 00020664	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	120,515.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	50.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	101,258.87
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	5,207.40
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	1,594.01

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/27 Rpt: 5/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 12/11/2023	5 Full name of contributor Attebury , W. A.6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79114	i				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 11/22/2023	Full name of contributor Austin, Luke Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$500.00
	Dringing agg	Amarillo, TX 79119		Employer (See Instructions			
	Owner	pation / Job title (See Instructions)		Panhandle Presort)		
	Date 11/26/2023	Full name of contributor Austin, Steven Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/07/2023	Full name of contributor Avangrid PAC Contributor address; City; State Washington, DC 20005	·	00406801)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/26/2023	Full name of contributor Bailey, Cathy Contributor address; City; State Amarillo, TX 79119	out-of-state PAC (ID#:;; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/27 Rpt: 6/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 11/21/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Amarillo, TX 79121 pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
•	r inicipal occu	pation / Job title (See matractions)	5 Employer (See instructions	,		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_ Bickerstaff, Cliff Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79101				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#:_Birdsong, Carl and Shylan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Amarillo, TX 79124				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_Bivins, Mark and Ellen Contributor address; City; State; Zip Code Amarillo, TX 79105)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Banker/Inves	pation / Job title (See Instructions) stor	Employer (See Instructions Self	5)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Boyce, Peter Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/27 Rpt: 7/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	n Filers)
4	Date 12/13/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
8	Dringing oggu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer /See Instructions			
•	Fillicipal occu	pation 7 Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#:_ Brian, Bill Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Dringing aggr	Amarillo, TX 79105	Employer (See Instructions	<u></u>		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Courtney Countiss Brian		Bailey, LLP	
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ Britt, Jennie and Lewis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation 7 300 title (See Instructions)	Retired	3)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_Brown, John Contributor address; City; State; Zip Code Amarillo, TX 79106			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Brown, Kay and Richard Contributor address; City; State; Zip Code Amarillo, TX 79109)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 8/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)				3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 10/09/2023	5 Full name of contributor Byrnes, Stan6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,500.00
		Amarillo, TX 79119						
8	Investments	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 10/27/2023	Full name of contributor C&G Operators, Ltd. Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Dalhart, TX 79022 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		(,			,		
	Date 11/22/2023	Full name of contributor Caviness, Janette and Te Contributor address; City; St	-)		Amount of Contribution (\$)	\$1,000.00
		Amarillo, TX 79109						
	Beef Produc	pation / Job title (See Instructions tion)		Employer (See Instructions Caviness Packing	5)		
	Date 11/22/2023	Full name of contributor Caviness, Sara and Trevo Contributor address; City; St Amarillo, TX 79109)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Beef Produc	pation / Job title (See Instructions tion)		Employer (See Instructions Caviness Packing	5)		
	Date 12/11/2023	Full name of contributor Comcast Corp & NBC Uni Contributor address; City; St Philadephia, PA 19103		00:	248716)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/27 Rpt: 9/64	
2	FILER NAME Smithee, Joh	n T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	n Filers)
4	Date 12/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$200.00
Ω	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	oation / Job title (See instructions)	e Employer (See Instructions	')		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Cornett, Kathy and Stephen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Canyon, TX 79015				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Cox, Roger and Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Amarillo, TX 79119				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Cummings, George Contributor address; City; State; Zip Code Amarillo, TX 79119			Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Dalrymple, Sharon and Stephen Contributor address; City; State; Zip Code Amarillo, TX 79102			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 6/27 Rpt: 10/64	
2	FILER NAME Smithee, Joh	n T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 11/25/2023	 Full name of contributor out-of-state out-of-state out-of-state Darnell, Randy and Lisa Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
0	Farming/Rar			Self	·)		
	Date 12/12/2023	Das, G. Bruce and Rosalie	PAC (ID#:			Amount of Contribution (\$)	\$200.00
		Amarillo, TX 79124					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/29/2023	Full name of contributor out-of-state David L. Cook Campaign Act Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Mansfield, TX 76063					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/24/2023	Denton, Glenna and John	PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 11/30/2023	Full name of contributor out-of-state Easley, Thomas Contributor address; City; State; Zip Code Amarillo, TX 79124				Amount of Contribution (\$)	\$100.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/27 Rpt: 11/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020664	
4	Date 12/12/2023	 Full name of contributor		7	Amount of Contribution (\$) \$200.0	0
8	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	9 Employer (See Instructions) ()		
	Date	Full name of contributor out-of-state PAC (ID#:_	Compression (See Institutions	, 	Amount of Contribution (\$)	=
	12/18/2023	Elizalde, David Contributor address; City; State; Zip Code			\$1,500.0	0
	Dringinal occu	Amarillo, TX 79118 pation / Job title (See Instructions)	Employer (See Instructions			_
	Electrical Co		Self	')		
	Date 11/22/2023	Full name of contributor)		Amount of Contribution (\$) \$1,000.0	0
		Amarillo, TX 79101 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Oil Production Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Estevez and Barry, Anna and Eric Contributor address; City; State; Zip Code	Self		Amount of Contribution (\$) \$200.0	0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_Fairly, Chase and Madison Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$) \$200.0	0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/27 Rpt: 12/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 11/29/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Amarillo, TX 79105 pation / Job title (See Instructions)	9 Employer (See Instructions	 		
	Date 11/20/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Amarillo, TX 79105 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Gerald, Robert and Laurel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer (See Instructions) 5)		
	Date 11/17/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	Amarillo, TX 79105 pation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u> 5)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_Gualtiere, Craig Contributor address; City; State; Zip Code Amarillo, TX 79124			Amount of Contribution (\$)	\$1,000.00
	Principal occu Business ow	pation / Job title (See Instructions) ner	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 9/27 Rpt: 13/64	
2	FILER NAME Smithee, Joh	ın T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	n Filers)
4	Date 12/12/2023	 Full name of contributor out-of-state PAC (ID#: Hall, Andrew Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$250.00
_		Amarillo, TX 79101	T			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/18/2023	Full name of contributor out-of-state PAC (ID#:_ Hamker, Anita and William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal accu	Amarillo, TX 79121 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Fillicipal occu	Janoi 17 Job line (See Instructions)	Employer (See instructions	·)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_Harpole, P.J. and J.Z Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Amarillo, TX 79119				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_Harris, Bev and William Contributor address; City; State; Zip Code Amarillo, TX 79121)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_Harris, William and Bev Contributor address; City; State; Zip Code Amarillo, TX 79121			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			'			

	MONET	ARY POLITICAL CONTR	S	SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 10/27 Rpt: 14/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 12/13/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Amarillo, TX 79121 pation / Job title (See Instructions)	9	Employer (See Instructions)		
•	· ····o.pa. ooca				,		
	Date 12/12/2023	Full name of contributor out-of-s Hedrick, Meg and Richard Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu	Amarillo, TX 79105 pation / Job title (See Instructions)		Employer (See Instructions			
	r illicipai occu	pation / 300 title (See Instituctions)		Employer (See instructions	,		
	Date 11/20/2023	Full name of contributor out-of-s Heinrich, Brian and Susie Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79109					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Mayfield, Heinrich, Ralfs	,	Parsons	
	Date 12/18/2023	Herrick, Jason)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Pantera Energy Compar			
	Date 12/05/2023	Hickman, J. Pat	state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	ARY POLITICAL (NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/27 Rpt: 15/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 11/24/2023	5 Full name of contributor High, Richard (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_		Amarillo, TX 79106			_		
8	Principal occu	pation / Job title (See Instructions	(i)	9 Employer (See Instructions	s)		
	Date 12/12/2023	Full name of contributor Hill, Tommy J. and Deanr Contributor address; City; St)	•	Amount of Contribution (\$)	\$200.00
	Dringinal occu	Amarillo, TX 79119 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	·/-		
	Fillicipal occu	pation / Job title (See Instructions		Employer (See instructions	·)		
	Date 11/29/2023	Full name of contributor Hughes, Liz and Mike Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$2,500.00
		Amarillo, TX 79109					
	Principal occu President	pation / Job title (See Instructions) 	Employer (See Instructions FMC Health Services	5)		
	Date 11/13/2023	Full name of contributor Hughes, Liz and Mike Contributor address; City; Si Amarillo, TX 79109				Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions FMC Health Services	5)		
	Date 12/11/2023	Full name of contributor Independent Insurance A Contributor address; City; Si Austin, TX 78768	-		•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 16/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 12/01/2023	5 Full name of contributorJeffers, Randy and Debbi6 Contributor address; City; St			7	Amount of Contribution (\$)	\$500.00
_	Delicalization	Amarillo, TX 79102	, I	• Faralassa (Ossalasstanstissa	<u></u>		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 11/20/2023	Full name of contributor Jeffreys, Holly (Dr.) Contributor address; City; Si)		Amount of Contribution (\$)	\$2,500.00
	D: : 1	Amarillo, TX 79119	, 1		Ĺ		
	Dean of Nurs	pation / Job title (See Instructions sing School	5)	Employer (See Instruction: West Texas A&M	S)		
	Date 11/24/2023	Full name of contributor Jones, Mitchell (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$250.00
		Amarillo, TX 79106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 11/27/2023	Full name of contributor Juba, Amy and Bob Contributor address; City; Si Amarillo, TX 79106				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 11/21/2023	Full name of contributor Kalka, Ray and Melissa Contributor address; City; Si Amarillo, TX 79109	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 13/27 Rpt: 17/64		
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	on Filers)	
4	Date 12/05/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00	
8	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	9 Employer (See Instructions	;) 			
_	Date 11/22/2023	Full name of contributor out-of-state PAC (ID Kritser, John Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Amarillo, TX 79120 pation / Job title (See Instructions)	Employer (See Instructions	 			
	Equipment		Self				
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID Labus, Jenne and Vernon Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$495.00	
		Amarillo, TX 79119					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID Landess, Claudette Contributor address; City; State; Zip Code Amarillo, TX 79106			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Date 11/24/2023	Full name of contributor out-of-state PAC (ID Lardie, Linda and Bill Contributor address; City; State; Zip Code Amarillo, TX 79118	T D#:)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/27 Rpt: 18/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 12/05/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Amarillo, TX 79109				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: Lovell, Regina and John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Amarillo, TX 79109	Frankston (Cookstants)	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#: Madden, Wales and Nita Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Amarillo, TX 79118				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 11/22/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Ranching	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: Maynard Foundation Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/27 Rpt: 19/64		
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	on Filers)	
4	Date 11/20/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Amarillo, TX 79102 pation / Job title (See Instructions)	9 Employer (See Instructions)			
_	Date	Full name of contributor out-of-state PAC (ID#:_)	_	Amount of Contribution (\$)		
	12/11/2023	McWhorter, Danny and Suedell Contributor address; City; State; Zip Code			(,	\$200.00	
	Principal occu	Amarillo, TX 79109 spation / Job title (See Instructions)	Employer (See Instructions)			
	· 	,		,			
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#:) Miller, Dee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Amarillo, TX 79106					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Miller, Oth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ Mitchell, Greg and Julie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
		Amarillo, TX 79101					
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Toot n Totum)			

	MONET	ARY POLITICAL CON	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/27 Rpt: 20/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 12/18/2023	 5 Full name of contributor o o o o o o o o o o o o	ut-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Amarillo, TX 79121 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
_				C Employer (See meadeding		Amount of Contribution (ft)	
	Date 11/07/2023	Full name of contributor	ut-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$100.00
	Dringing agg	Amarillo, TX 79119		Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/21/2023	Full name of contributor	ut-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Amaril, TX 79109	<u>, </u>				
	Principal occu Distributing	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 10/05/2023	NAIFA Texas IFAPAC Contributor address; City; State; Z	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 79746 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/11/2023	Full name of contributor o o Oeschger, Sharon and Lawren Contributor address; City; State; Z				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 21/64		
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	on Filers)	
4	Date 12/18/2023	 Full name of contributor out-of-state PAC (ID# Oncor Tex State PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$2,000.00	
_	Dein ein al. a a a	Dallas, TX 75202	[0.5				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)			
	Date 12/26/2023	Full name of contributor			Amount of Contribution (\$)	\$200.00	
		Amarillo, TX 79121	<u> </u>				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID# Powell, Donald and Twanna Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00	
		Amarillo , TX 79105					
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Self	S)			
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID# Randall C. Sims Campaign Contributor address; City; State; Zip Code Amarillo, TX 79105)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID# Reed, Vance Contributor address; City; State; Zip Code Amarillo, TX 79103	:		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Budweiser Distributing 0		mpany		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/27 Rpt: 22/64		
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	ı Filers)	
4	Date 12/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00	
8	Principal occu	Amarillo, TX 79124 pation / Job title (See Instructions)	Employer (See Instructions				
	r inicipal occu		5 Employer (See manuctions	,			
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Riker, Jayne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Amarillo, TX 79105 pation / Job title (See Instructions)	Employer (See Instructions				
			Employer (See instructions	,			
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:) Riney, Tom and Sandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		Amarillo, TX 79101					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Rittenbury, Jayme Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Presdient	Amarillo, TX 79120 pation / Job title (See Instructions)	Employer (See Instructions Poole Equipment)			
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_ Roberts, Blaine Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/27 Rpt: 23/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	n Filers)
4	Date 12/19/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Amarillo, TX 79101 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#: Rose, Jan and Tom			Amount of Contribution (\$)	\$200.00
		Contributor address; City; State; Zip Code				
	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Rush, J. Avery and Dana Contributor address; City; State; Zip Code Amarillo, TX 79124)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_Rush, Lynn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#: Sansing, William (Dr.) Contributor address; City; State; Zip Code Clarendon, TX 79226)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		I				

	MONET	ARY POLITICAL CONTRIBUTIO	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 24/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 10/09/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu Accounting	Amarillo, TX 79027 pation / Job title (See Instructions)	9	Employer (See Instructions Self	<u> </u> s)		
	Date 10/09/2023	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$2,500.00
	Principal occu Investments	Amarillo, TX 79119 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Sell , Garland Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 12/18/2023	Full name of contributor out-of-state PAC (ID#:_ Sharp, Stacy and Randy Contributor address; City; State; Zip Code Amarillo, TX 79119)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Investments	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 11/22/2023	Full name of contributor out-of-state PAC (ID#:_ Sisemore, Jack Contributor address; City; State; Zip Code Amarillo, TX 79109)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
		•					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 21/27 Rpt: 25/64		
2	FILER NAME Smithee, Joh	FILER NAME Smithee, John T. (The Honorable)			Filer ID (Ethics Commission 00020664	on Filers)	
4	Date 11/22/2023	ate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$500.00	
_	District	Amarillo, TX 79109	O Frankrije (Osa kratnatica				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)			
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#: Smith, Earl (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
	Amarillo, TX 79101		Fundame (Contraction	Ĺ			
	Principal occupation / Job title (See Instructions) Doctor Employer (See Instruction Self			5)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2023 Southern, Lucille Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00	
		Amarillo, TX 79121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Standefer , Mike and Marilyn Contributor address; City; State; Zip Code Amarillo, TX 79119)		Amount of Contribution (\$)	\$1,000.00	
			Employer (See Instructions Standefer Construction	()			
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2023 Street, Laura and Joe Contributor address; City; State; Zip Code Amarillo, TX 79119			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/27 Rpt: 26/64		
2	FILER NAME Smithee, Joh	FILER NAME Smithee, John T. (The Honorable)			Filer ID (Ethics Commission Filers) 00020664		
4	Date 12/21/2023			7	Amount of Contribution (\$) \$2,500.00		
_	<u> </u>	Austin, TX 78768		<u></u>			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 11/24/2023	Full name of contributor out-of-state PAC (ID#:_ Talley, Brenda and Dan Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$500.00		
	Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions)		<u></u>				
	Pilicipai occu	Jacon / Job title (See Instructions)	Employer (See instructions	·)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/20/2023 Templeton, Robert Contributor address; City; State; Zip Code			•	Amount of Contribution (\$) \$500.00		
		Amarillo, TX 79109					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701)	•	Amount of Contribution (\$) \$25,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Assn. PAC 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 CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/27 Rpt: 27/64	
2	FILER NAME Smithee, Joh	FILER NAME Smithee, John T. (The Honorable)			Filer ID (Ethics Commission 00020664	on Filers)
4	Date 12/12/2023	te 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00
Ω	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See matrictions)	e Employer (See instructions	,		
	Date 11/22/2023	Full name of contributor out-of-state PAC (ID#: Texas Cattle Feeders BEEFPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Amarillo, TX 79106	5 1 (0 1 : "			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date 12/04/2023	Full name of contributor out-of-state PAC (ID#: Texas Land Title Assn PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Texas State Assn of Firefighters PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions))		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Assn. 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)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE A1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 24/27 Rpt: 28/64	
2	FILER NAME Smithee, Joh	nn T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 10/05/2023	5 Full name of contributorTextron Political Action C6 Contributor address; City; S			7	Amount of Contribution (\$)	\$500.00
		Providence, RI 02903					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/20/2023 Trotter, Jana and Johnny Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Hereford, TX 79045	.)	Employer (See Instructions	<u>'</u>		
	Principal occupation / Job title (See Instructions) Ranching Employer (See Instructions) Self		5)				
	Date 12/12/2023			•	Amount of Contribution (\$)	\$200.00	
		Amarillo, TX 79121					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 11/10/2023	Full name of contributor Ware, Richard Contributor address; City; S Amarillo, TX 79105	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
			Employer (See Instructions Amarillo National Bank	5)			
	Date 12/05/2023	Full name of contributor Ware, Richard Contributor address; City; S Amarillo, TX 79101	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Banking	pation / Job title (See Instructions	s)	Employer (See Instructions Amarillo National Bank	5)		
	3						

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 25/27 Rpt: 29/64	
2	FILER NAME Smithee, Joh	FILER NAME Smithee, John T. (The Honorable)			3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 11/07/2023			7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu Banking	Amarillo, TX 79101 pation / Job title (See Instructions)		Employer (See Instructions Amarillo National Bank	5)		
	Date 11/08/2023	Weekley, Richard	ate PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occupation / Job title (See Instructions) Construction Employer (See Instruction Self			Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Wilkinson, Jo Lynn and Robert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu	Amarillo, TX 79121 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/13/2023	Willilams, James Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$100.00
	Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instruction			5)			
	Date 12/11/2023	Full name of contributor out-of-sta Wilson, Brad and Debbie Contributor address; City; State; Zip Coo Amarillo, TX 79102	ate PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			-				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 26/27 Rpt: 30/64	
2	FILER NAME Smithee, Jol	FILER NAME Smithee, John T. (The Honorable)			Filer ID (Ethics Commission 00020664	n Filers)
4	Date 12/05/2023	5 Full name of contributor out-of-state PAC (ID#:) Wilson, Joe 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/12/2023 Winegarner, Jennie and Josh Contributor address; City; State; Zip Code					\$200.00
	Canyon, TX 79015 Principal occupation / Job title (See Instructions) Employer (See Instruction)			
		,	, , , , , , , , , , , , , , , , , , , ,	,		
	Date Full name of contributor out-of-state PAC (ID#:) 11/29/2023 Woodburn, David and Alicia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Wooldridge, Ted Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
Amarillo, TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions))		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: Wrampelmeier, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer (See Instructions))		

TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
ection Guide explains how to complete	1 Total pages Schedule A1: Sch: 27/27 Rpt: 31/64	
E ohn T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020664
 Full name of contributor	C (ID#:)	7 Amount of Contribution (\$) \$200.00
Amarillo, TX 79119		
upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	ction Guide explains how to complete hn T. (The Honorable) 5 Full name of contributor out-of-state PA Wright, Geoffrey and Lacy 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	hn T. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Wright, Geoffrey and Lacy 6 Contributor address; City; State; Zip Code Amarillo, TX 79119

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 32/64 3 Filer ID (Ethics Commission Filers) FILER NAME Smithee, John T. (The Honorable) 00020664 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/16/2023 Jeffries, Holly (Dr.) \$50.00 | Parade entry fee 7 Contributor address; City; State; Zip Code Amarillo, TX 79119 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Dean of Nursing School West Texas A&M 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 10/29/2023 Texas Alliance for Life Pac \$0.00 i Contributor address; City; State; Zip Code Austin, TX 78754 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

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 Committe

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 Travel Out of District

	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: 1/14 Rpt: 33/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	07/05/2023	Amarillo Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P. O. Box 9480
		Amarillo, TX 79105
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dues for membership
		Bues for membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
-	Date	Dougo nomo
	07/10/2023	Payee name
		Chase-Cardmember Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.01	P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit Card Payment
		Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	09/08/2023	Chase-Cardmember Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,115.99	P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Cradit Cord Poymont
		Credit Card Payment
\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)
pense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magney/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 2/14 Rpt: 34/64	Smithee, John T. (The Honorable) 00020664		
4	Date	5 Payee name		
	10/10/2023	Chase-Cardmember Service		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,206.97	P. O. Box 94014		
	. ,			
		Palatine, IL 60094-4014		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Credit Card Payment		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experience to benefit 6/6/			
	Date	Payee name		
	12/09/2023	Chase-Cardmember Service		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$261.36	P. O. Box 94014		
		Palatine, IL 60094-4014		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Credit card payment		
		Great early payment		
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	•		
L				
	Date	Payee name		
L	12/11/2023	Chase-Cardmember Service		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$563.00	P. O. Box 94014		
		Palatine, IL 60094-4014		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Credit card payment		
\vdash	Complete CMI V 's allows or	Condidate/Officeholder name		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
ldash				

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	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: 3/14 Rpt: 35/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	12/29/2023	Chase-Cardmember Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.75	P. O. Box 94014
		Palatine, IL 60094-4014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
		ordan dara paymon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	08/11/2023	Chase-Cardmember Service
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$314.01	P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		(inadvertent double payment, reimbursed after reptg
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/28/2023	CitiBank
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.87	P. O. Box 9001037
		Louisville, KY 40290-1037
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Payment
		Cleuk Calu Fayment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 4/14 Rpt: 36/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	09/12/2023	CitiBank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$198.86	P. O. Box 9001037
		Louisville, KY 40290-1037
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Payment
		Ground Sura Laymont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name
	10/10/2023	CitiBank
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.11	P. O. Box 9001037
		Louisville, KY 40290-1037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit Card Payment
	Occupated ONLY if alice at	Our did to 10 ff as had done as many
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2023	CitiBank
	Amount (\$)	Payee address; City; State; Zip Code
	\$465.24	P. O. Box 9001037
		Louisville, KY 40290-1037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
		Credit Card Payment
		Credit Card Payment
	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 Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduate (Officials India Committee)
Graduate (Officials India Com

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 5/14 Rpt: 37/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	12/09/2023	CitiBank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$623.28	P. O. Box 9001037
		Louisville, KY 40290-1037
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Great data payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Daysa nama
	12/11/2023	Payee name CitiBank
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.96	P. O. Box 9001037
		Louisville, KY 40290-1037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Payment
		Credit Card F ayment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 07/27/2023	Payee name
		City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.61	P. O. Box 2267
		Austin, TX 78783
	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 Austin apartment utilities
		Ausun aparunent uunues
_	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 Co

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

	Candidate/Officeholder/Politica 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: 6/14 Rpt: 38/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	08/31/2023	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.83	P. O. Box 2267
		Austin, TX 78783
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. Check if Austin, TX, officeholder living expense
		Austin apartment utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/05/2023	Double U Marketing & Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$14,318.97	1608 S. Washington
	Ψ14,510.57	1000 S. Washington
		Amarillo, TX 79102
	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 Advertising for campaign
		Advertising for earripaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 11/08/2023	Payee name Double U Marketing & Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,716.17	1608 S. Washington
		Amarillo, TX 79102
	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
		Advertising for Campaign
		The state was a second and the secon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

	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: 7/14 Rpt: 39/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	11/16/2023	Griffin Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,750.00	7111 Harvest Trail Drive
		Austin, TX 78736
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consultant for Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
	Date	Payee name
	11/09/2023	Griffin Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$45,000.00	7111Harvest Trail Drive
		Austin, TX 78736
	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
		Digital Advertising
		2 - g.t.a. / tal 5 - t.og
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/11/2023	Griffin Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,467.84	7111 Harvest Trail Drive
		Austin, TX 78736
	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 expense
		Consulting expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 8/14 Rpt: 40/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	07/31/2023	Levy, Nili
6	Amount (\$) \$3,200.00	7 Payee address; City; State; Zip Code 505 Little John Austin, TX 77024
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment rental
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2023	Levy, Nili
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,200.00	505 Little John
		Austin, TX 77024
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Austin apartment rental
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2023	Levy, Nili
	Amount (\$) \$3,200.00	Payee address; City; State; Zip Code 505 Little John
		Austin, TX 77024
	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. Check if Austin, TX, officeholder living expense Austin apartment rental
	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 Cr

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 9/14 Rpt: 41/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	11/27/2023	Levy, Nili
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	505 Little John
		Austin, TX 77024
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{Check if Austin, TX, officeholder living expense}} Austin apartment rental
		Austin apartment tentai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/29/2023	Levy, Nili
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,200.00	505 Little John
		Austin, TX 77024
	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
		Austin apartment rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	+
	Date	Payee name
	07/07/2023	Lujan, John (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.50	1100 Congress
		Austin, TX 78701
	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 Reimbursement for chairman's gift
		Reinbursement for chairmains gift
	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 Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Salaries/W	ages/C	ontract Labor		OTHER (enter a	category not listed above)
	oroun oura'r aymone	The Instruction Guid	le explains how to cor	nplete	this form.			
1	Total pages Schedule F1:	FILER NAME			3	3	Filer ID	(Ethics Commission Filers)
	Sch: 10/14 Rpt: 42/64	Smithee, John T. (The Honor	able)				00020664	
4	Date	Payee name						
	12/29/2023	Maynard Foundation						
6	Amount (\$)	Payee address; City;	State; Zip Co	de				
	\$500.00	2416 Hayden						
		Amarillo, TX 79109						
8	PURPOSE			(b) r	Description			
ľ	OF	Category (See Categories listed at the Return of Contribution	top of this schedule)	ι», ₋ Γ	Check if travel ou	ıtsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	retain of Contribution		Ē	Check if Austin, T			
				7	Contribution m	ad	le by a foun	dation was returned
9	Complete ONLY if direct	andidate/Officeholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/O							
	Date	Payee name						
	12/11/2023	Paypal, Inc.						
	Amount (\$)	Payee address; City;	State; Zip Co	de				
	\$1.96	2211N 1st Street						
		San Jose, CA 95131						
	PURPOSE	Category (See Categories listed at the	top of this schedule)	(b) [Description			
	OF EXPENDITURE	Fees			Check if travel ou			
				Ļ	Check if Austin, Tee taken from			
					ee laken non	11 0	Tilline Contin	battori
_	Complete ONLY if direct	andidate/Officeholder name	Office sou	ht			Office he	ald.
	expenditure to benefit C/OH							
_	Date	Dougo nomo						
	12/18/2023	Payee name Paypal, Inc.						
			Chata: Zin Ca					
	Amount (\$)	Payee address; City;	State; Zip Co	ле				
	\$29.90	2211N 1st Street						
		0.1.01.05404						
		San Jose, CA 95131						
	PURPOSE OF	Category (See Categories listed at the	top of this schedule)	(b) [Description Check if travel ou	ıtcid	a of Tayas Com	nlete Schedule T
	EXPENDITURE	Fees		F	Check if Austin, T			
				F	ப -ee taken from			
	Complete ONLY if direct	andidate/Officeholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI							

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica 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: 11/14 Rpt: 43/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	12/26/2023	Paypal, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.48	2211N 1st Street
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee taken from online contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	12/05/2023	Paypal, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.60	2211N 1st Street
		San Jose, CA 95131
	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 Fee taken from online contribution
		rec taken from online contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/05/2023	Paypal, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.98	2211N 1st Street
	,	
		San Jose, CA 95131
	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 Fee taken from online contribution
		ree taken nom online contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 12/14 Rpt: 44/64	Smithee, John T. (The Honorable) 00020664			
4	Date	5 Payee name			
	11/07/2023	Paypal, Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$14.94	2211N 1st Street			
		San Jose, CA 95131			
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.			
	LAFENDITORE	Check if Austin, TX, officeholder living expense			
		Fee taken from online contribution			
_	2				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/07/2023	Paypal, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$14.94	2211N 1st Street			
		San Jose, CA 95131			
	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 Fee taken from online contribution			
		ree taken nom online contribution			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
_	Date	Para a sana			
	11/07/2023	Payee name Paypal, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.38	2211N 1st Street			
l					
		San Jose, CA 95131			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.			
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee taken from online contribution			
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee taken from online contribution Candidate/Officeholder name Office sought Office held			
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee taken from online contribution Candidate/Officeholder name Office sought Office held			
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee taken from online contribution 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 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 comp	olet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 45/64	Smithee, John T. (The Honorable)		00020664
4	Date	5 Payee name		·
	11/07/2023	Paypal, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code	è	
	\$29.39	2211N 1st Street		
		San Jose, CA 95131		
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
			١	Fee taken from online contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	11/20/2023	Republican Party of Texas		
	Amount (\$)	Payee address; City; State; Zip Code	.	
	\$750.00	211 East 7th Street		
		Suite 620		
		Austin, TX 78701		
	PURPOSE)	Description
	OF EXPENDITURE	Fees	ĺ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		İ	Check if Austin, TX, officeholder living expense
				Filing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	.+	Office held
	expenditure to benefit C/OI	•	IL	Office field
	Data			
	Date 12/10/2023	Payee name Southwest Airlines		
	Amount (\$) \$563.97	Payee address; City; State; Zip Code P. O. Box 36611	9	
	Ф303.97	P. O. BOX 30011		
		Delles TV 75225		
		Dallas, TX 75235		
	PURPOSE OF	, -)) 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Travel for staff to attend event
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıt	Office held
	expenditure to benefit C/OI	1		

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

	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: 14/14 Rpt: 46/64	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	08/14/2023	Texans Caring for Texans
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1400 Wallace Blvd
		Amarillo, TX 79106
8	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. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		banquet expenses for
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/08/2023	Texas House of Representatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	P. O. Box 2910
	\$100.00	1 1 0 1 3 3 X 20 20
		Austin, TX 78767
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for photographs
		1 ccs for photographs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/15 Rpt: 47/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/01/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$62.90 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/13/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$50.96 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/15 Rpt: 48/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/11/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$65.01 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/30/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$109.84 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/15 Rpt: 49/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/07/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$89.02 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/09/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$163.11 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/15 Rpt: 50/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/12/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$50.96 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/16/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$55.22 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/15 Rpt: 51/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/19/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$63.73 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/26/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$295.33 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/15 Rpt: 52/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/01/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$68.28 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rental car SAT-AUS 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/07/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$50.96 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/15 Rpt: 53/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/09/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$75.46 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/13/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$111.23 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/15 Rpt: 54/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/17/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$152.86 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/27/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$62.57 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/15 Rpt: 55/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/01/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$50.96 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/05/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$50.96 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/15 Rpt: 56/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 12/10/2023 Avis Rent Car Amount (\$) Payee address; City; State; Zip Code \$50.96 6 Sylvan Way Parsippany, NJ 07504 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin rental car 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/02/2023 Cort Furniture Rental Amount (\$) Payee address; City; State; Zip Code \$314.01 8940 Research Blvd. #C Austin, TX 78758 **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. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Austin apartment furniture rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/15 Rpt: 57/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 08/03/2023 Cort Furniture Rental Amount (\$) Payee address; State; Zip Code \$314.01 8940 Research Blvd. #C Austin, TX 78758 **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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin apartment furniture rental 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/03/2023 Cort Furniture Rental Amount (\$) Payee address; City; State; Zip Code \$314.01 8940 Research Blvd. #C Austin, TX 78758 **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. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Austin apartment furniture rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/15 Rpt: 58/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 10/03/2023 Cort Furniture Rental Amount (\$) Payee address; State; Zip Code 8940 Research Blvd. #C \$314.01 Austin, TX 78758 **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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin apartment furniture rental 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/07/2023 Hyatt Lost Pines Resort Amount (\$) Payee address; City; State; Zip Code \$379.00 575 Hyatt Lost Pines Road Cedar Creek, TX 78612 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense GOP Caucus Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/15 Rpt: 59/64 Smithee, John T. (The Honorable) 00020664 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/18/2023 Sam's Club Amount (\$) Payee address; State; Zip Code City; \$65.75 2201 Ross Osage Amarillo, TX 79103 **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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Postage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/13/2023 Southwest Airlines Amount (\$) Payee address; City; State; Zip Code \$487.97 P. O. Box 36611 Dallas, TX 75235 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airfare AMA-AUS-AMA Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/15 Rpt: 60/64 Smithee, John T. (The Honorable) 00020664 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 5 09/06/2023 Southwest Airlines Amount (\$) Payee address; State; Zip Code \$513.96 P. O. Box 36611 Dallas, TX 75235 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airfare AMA-AUS-AMA 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/10/2023 Southwest Airlines Amount (\$) Payee address; City; State; Zip Code \$563.00 P. O. Box 36611 Dallas, TX 75235 **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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airfare AMA-AUS-AMA Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **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. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/15 Rpt: 61/64 Smithee, John T. (The Honorable) 00020664 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/09/2023 XIT Woodfire Grill Amount (\$) Payee address; State; Zip Code \$261.36 119 Cypress Drive Dalhart, TX 79022 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meet and greet constituents in Dalhart 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 62/64 2 FILER NAME Filer ID (Ethics Commission Filers) Smithee, John T. (The Honorable) 00020664 8 Amount (\$) Date 5 Name of person from whom amount is received 12/29/2023 Smithee, John \$1,280.00 6 Address of person from whom amount is received; City; State; Zip Code Amarillo, TX 79109 Purpose for which amount is received Check if political contribution returned to filer Credit for adjustment of housing rental expense Amount (\$) Name of person from whom amount is received Date 12/29/2023 Smithee, John \$314.01 Address of person from whom amount is received; City; State; Zip Code Amarillo, TX 79109 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for inadvertent double payment

TEXT ANNOTATION	
	Sch: 1/2 Rpt: 63/64
FILER NAME	Filer ID (Ethics Commission Filers)
Smithee, John T. (The Honorable)	00020664
Schedule	
A1	
Information entered by filer as a memo: There were four contributions dated in 2023 but not received until after the holidays. They in the amount of \$2,000,000 (Cook, TTLA Brown, Consider).	have been reported in this reporting period
in the amount of \$2,000.00 (Cook, TTLA, Brown, Sansing)	

TEXT ANNOTATION	
	Sch: 2/2 Rpt: 64/64
FILER NAME	Filer ID (Ethics Commission Filers)
Smithee, John T. (The Honorable)	00020664
Schedule F1	
Information entered by filer as a memo:	
There are outstanding checks that were written but not cleared: \$500 to Maynard Foundat deposited, and \$563.97 to Andrea Stingley to reimburse staff travel.	ion to return a contribution inadvertently
There was a double payment made to Chase Bank of \$314.01. The payment is reported be charge. The overpayment has been credited to the campaign account, but the credit is not this reporting period.	out there is no corresponding credit card reflected in the cash-on-hand balance for