

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087710	2 Total pages filed: 15	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Hatch C.	MI MI
	NICKNAME	LAST Smith, Jr.	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 01/25/2024

Date Received ELECTRONICALLY FILED 02/10/2024	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

6 EXPLANATION OF CORRECTION
 Following is a "Corrected" 30 Day report which includes contributions that were inadvertently omitted from the original report. As a new candidate, I was unaware of the time frame required to report these contributions. I am respectfully requesting a waiver of penalties. As a new candidate, I was unaware of filing deadlines, but have familiarized myself with all future deadlines and requirements. Thank you for your consideration.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Hatch C. Smith, Jr.

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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 this form.		1 Filer ID (Ethics Commission Filers) 00087710	2 Total pages filed: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Hatch C.	MI MI	OFFICE USE ONLY
	NICKNAME	LAST Smith, Jr.	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 603 E. Ellis St. Llano, TX 78643			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Mikel R.	MI MI	
	NICKNAME	LAST Virdell	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1000 Ford St. Llano, TX 78643			
7 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 248-3515	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH		Month Day Year 01/25/2024
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE	
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 53	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Smith, Jr., Hatch C. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00087710

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	8000 Centre Park Dr., Ste 380
	Austin, TX 78754
	COMMITTEE CAMPAIGN TREASURER NAME
	Shaw, James
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	4505 Corazon Cv
	Round Rock, TX 78681

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	94,054.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	22,846.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	29,864.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Hatch C. Smith, Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH
ADDENDUM

Page 4 of 15

C / OH NAME	Smith, Jr., Hatch C. (The Honorable)	Filer ID	(Ethics Commission Filers)
		00087710	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		8000 Centre Park Dr., Ste 380
		Austin, TX 78754
	COMMITTEE CAMPAIGN TREASURER NAME	Shaw, James
	COMMITTEE CAMPAIGN TREASURER ADDRESS	4505 Corazon Cv
		Round Rock, TX 78681

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Smith, Jr., Hatch C. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00087710
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 43,675.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 50,379.24
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 22,846.78
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 6/15
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banner, James (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Castell, TX 76831	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beef PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79106	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance Of Texas PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Andrea (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Llano, TX 78643	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chick, Craig (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Foley & Lardner LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 7/15
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Couch, Barry (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78735	
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaldson, Curtis (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Art, TX 76820	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Self
Date 01/22/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00074096) Dow Inc PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Midland, MI 48674	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Cory (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kerrville, TX 78028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Brent (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79401	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 8/15
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmer, Gary (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Rocksprings, TX 78880	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Southwest Texas Communications
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, T Cy (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Sonora, TX 76950	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLCO PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Genna (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Kingsland, TX 78639	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, John (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 9/15
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, John (Mr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirschfeld, Dennis (Mr.)	Amount of Contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Tim (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Brady, TX 76825		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Heart of Texas Hospital Systems
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallick, Michael (Mr.)	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElmurry, Helen (Ms.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 10/15
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710
4 Date 01/12/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuire Woods PAC	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Richmond, VA 23219	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Richard (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Rode (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Mason, TX 76856	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Dan (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 11/15
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Susan (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cherokee, TX 76832	
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Self
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitman, Brian (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78730	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Independent Title
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Bruce (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Tom (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepehri, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 12/15
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Medical Associates, Inc. 6 Contributor address; City; State; Zip Code Rockport, TX 78381	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Hospital Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Association of Fire Fighters PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas and Southwestern Cattle Raisers Association PAC Contributor address; City; State; Zip Code Fort Worth, TX 76185	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner Jr., Frederic C (Mr.) Contributor address; City; State; Zip Code Houston, TX 78754	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 13/15
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Brandon (Mr.) 6 Contributor address; City; State; Zip Code Mason, TX 76856	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willman, Adam (Mr.) Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Mary Alice (Ms.) Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/15	
2 FILER NAME Smith, Jr., Hatch C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087710	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund	8 Amount of contribution (\$) \$50,184.24	9 In-kind contribution description Campaign advertising/mailer
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legislative Solutions	Amount of contribution (\$) \$195.00	In-kind contribution description Campaign meet and greet email
	Contributor address; City; State; Zip Code Austin, TX 78763	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 15/15	2 FILER NAME Smith, Jr., Hatch C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00087710
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4 Date 01/25/2024	5 Payee name Anedot
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6 Amount (\$) \$287.80	7 Payee address; City; State; Zip Code 1920 McKinney Ave., 7th Floor Dallas, TX 75201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online processing fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/04/2024	Payee name KC Strategies
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Amount (\$) \$20,358.98	Payee address; City; State; Zip Code 3571 Far West Blvd, Ste 196 Austin, TX 78731
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign radio/direct mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/18/2024	Payee name McCulloch Co Jr Livestock Show
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Amount (\$) \$2,200.00	Payee address; City; State; Zip Code 114 West Main St. Brady, TX 76825
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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