FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00057712 31 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Stephen Craig NAME Date Received **ELECTRONICALLY FILED** 07/05/2024 NICKNAME LAST **SUFFIX** Smith CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Thomas M. NAME NICKNAME LAST **SUFFIX** Melsheimer **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 453-6401 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 6 District 5 Dallas

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 31

13 C / OH NAME	Smith, Stephen Craig	(The Honorable)	14 Filer ID (00057712	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	expenditures made by political co e without the candidate's or office oformation only if they receive no	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	NAME						
		COMMITTEE CAMPAIGN TREASURER	ADDRESS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00			
	2. TOTAL POLIT	\$ 0.00					
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			• 0.00			
TOTALS				\$ 0.00			
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 12,749.14			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 103,509.91					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
			er penalty of perjury, that the acc ncludes all information required to n Code.				
		The	Honorable Stephen Craig Si	mith			
			nature of Candidate or Officehol				
AFFIX NOT	FARY STAMP / SEAL AB	DVE					
Sworn to and subsc	ribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of c					
Signature of offic	er administering oath	Printed name of officer administering	g oath Title of officer	administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 31						
18 FILER NAM Smith, Ste	19 Filer ID 00057712	(Ethics Commission Filers)					
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 12,749.14				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 90,000.00				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/27 Rpt: 4/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	05/27/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	P.O. Box 5014
		Carol Stream, IL 60197
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.
		Check if Austin, TX, officeholder living expense Internet service for iPad
		memer service for it du
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/29/2024	AT&T
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P.O. Box 5014
		Carol Stream, IL 60197
	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
		Internet for iPad
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/15/2024	Al Biernat's
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$552.37	4217 Oak Lawn Ave.
		Dallas, TX 75219
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and beverages with supporters after DBA
		Inaugural
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

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

Event Expense 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	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: 2/27 Rpt: 5/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	02/12/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.85	Online entity
		Website, TX 75201
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.
		Check if Austin, TX, officeholder living expense Security equipment
		Salary Squipment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$297.62	Online entity
		Website, TX 75201
	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
		Security equipment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/04/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$913.96	DFW Airport
		Dallas, TX 75261
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Purchase of airline ticket to Colorado to officiate a
		wedding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

	Candidate/Officenoider/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: 3/27 Rpt: 6/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	05/12/2024	Apple Online Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	Online
		Online, TX 99999
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
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	-
	Date	Payee name
	04/12/2024	Apple Online Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	Online
		Online, TX 99999
	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
		Subscription
		Gusson puon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/12/2024	Apple Online Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	Online
	Ψ0.33	Online .
		Online, TX 99999
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Cry Boson plant. Cry Boson plant.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		•

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/Political Committee Credit Card Payment	Legal Services The Instruction Guide explains h	Salaries/Wages/Contract Labor ow to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILER N	IAME		3 Filer ID (Ethics Commission Filers)
Sch: 4/27 Rpt: 7/31 Smith,	Stephen Craig (The Honorable)		00057712
4 Date 5 Payee n	ame		
02/11/2024 Apple 0	Online Store		
6 Amount (\$) 7 Payee a Online Online,	ddress; City; State; TX 99999	Zip Code	
	y (See Categories listed at the top of this sche Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Casconption	
9 Complete ONLY if direct expenditure to benefit C/OH	e/Officeholder name Of	ffice sought	Office held
Date Payee n	ame		
01/11/2024 Apple 0	Online Store		
Amount (\$) Payee a	ddress; City; State;	Zip Code	
\$0.99 Online			
Online,	TX 99999		
l DE I	Y (See Categories listed at the top of this scher		(= 0 1.01.11.=
EXPENDITURE Office (Overhead/Rental Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Subscription	, ,
Complete <u>ONLY</u> if direct Candidate expenditure to benefit C/OH	e/Officeholder name Of	ffice sought	Office held
Date Payee n	ame		
	Online Store		
Amount (\$) Payee a	ddress; City; State;	Zip Code	
\$0.99 Online			
Online,	TX 99999		
	Y (See Categories listed at the top of this sche		
OF Office C	Overhead/Rental Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Subscription	, i.x., onicenoider living expense
Complete ONLY if direct Candidate	e/Officeholder name Of	ffice sought	Office held
expenditure to benefit C/OH	Concenduel name Of	mee sougill	Onice nelu

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: 5/27 Rpt: 8/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	02/27/2024	Asurion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.05	6121 Greenville Ave.
		Dallas, TX 75206
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.
		Check if Austin, TX, officeholder living expense Equipment repairs
		Equipment repairs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	05/31/2024	Bellagreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.79	8041 Walnut Hill Lane, #810
		Dallas, TX 75231
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and beverages with supporter
		Food and beverages with supporter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 04/03/2024	Payee name
		Beto and Son
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.52	3011 Gulden Lane, #108
		Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and beverages with supporter
		1 ood and beverages with supporter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	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: 6/27 Rpt: 9/31	Smith, Stephen Craig (The Honorable) 00057712						
4	Date	5 Payee name						
	01/09/2024	Bobbie's Airway Grill						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$246.76	5959 Royal Lane #515						
L		Dallas, TX 75230						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Food and beverages with supporters						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Date	Payee name						
	01/09/2024	Bobbie's Airway Grill						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$66.29	5959 Royal Lane #515						
		Dallas, TX 75230						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Food and beverages with supporters						
		Toda and beverages man supporters						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
F	Date	Payee name						
	05/29/2024	Cindi's NY Deli						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$18.30	306 S. Houston St.						
	,							
		Dallas, TX 75202						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense						
	LAFENDITORE	Check if Austin, TX, officeholder living expense						
		Food and beverages with supporters						
\vdash	Complete ONLY if dies -t	Condidate/Officeholder name Office cought						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
\vdash	•							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Overhier Fees Office Overhier Fees Office State Fees Polling Exper Food/Beverage Expense Printing Exper Edgal Services Salaries/Wag

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

	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: 7/27 Rpt: 10/31	Smith, Stephen Craig (The Honorable)	00057712
4	Date	5 Payee name	
	05/21/2024	Cindi's NY Deli	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.69	306 S. Houston St.	
		Dallas, TX 75202	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	i ddai Barai aga Expansa	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			everages with supporters
		. 554 4.14 55	Totagoo mar capporters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	03/05/2024	Cindi's NY Deli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.26	306 S. Houston St.	
		Dallas, TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			everages with supporter
			3.50
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/13/2024	Cindi's NY Deli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.26	306 S. Houston St.	
		Dallas, TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Deverage Expense	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Food and be	verages with supporter
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
ı			

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

	Credit Card Payment		The Instruction Gu	ide explains how to c	omple	lete this form.				
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/27 Rpt: 11/31	Smith, St	tephen Craig (The H	Honorable)				00057712		
4	Date	Payee nar	me							
	01/31/2024	Cindi's N	IY Deli							
6	Amount (\$)	Payee add	dress; City;	State; Zip C	ode					
	\$15.53	306 S. H	ouston St.							
		Dallas, T	X 75202							
8	PURPOSE	a) Category	(See Categories listed at the	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bev	verage Expense					le of Texas. Comp officeholder living		
						Food and bev				
								.5		
9	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	ught	·		Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee nar	 me							
	01/09/2024	Cindi's N	IY Deli							
	Amount (\$)	Payee add	dress; City;	State; Zip C	ode					
	\$47.12	306 S. H	ouston St.							
		Dallas, T	X 75202							
	PURPOSE	a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bev	verage Expense					le of Texas. Comp		
						Food and bev		officeholder living		
								.goo oo	. Бролго.	
	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	<u> </u>			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee nar	me							
	06/18/2024	Cindi's N	IY Deli							
	Amount (\$)	Payee add	dress; City;	State; Zip C	ode					
	\$22.61	306 S. H	ouston St.							
		Dallas, T	X 75202							
	PURPOSE	a) Category	(See Categories listed at the	ue top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bev	verage Expense			ш		le of Texas. Comp		
						Food and bev		officeholder living		
						i ood and sov	70.0	.goo mar oa	рропого	
	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	<u>l</u> ught	:		Office he	eld	
	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	ll 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: 9/27 Rpt: 12/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	02/28/2024	Circle K Kaufman
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.49	2201 S. Washington St.
		Kaufman, TX 75142
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		In district travel expense
		in district that of expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/06/2024	Colinasway
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	3000 Custer Rd.
		Plano, TX 75075
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Contribution to food pantry supplier
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/12/2024	Coronado Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$720.39	1500 Orange Ave.
		Coronado, CA 92118
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel in Coronado, CA for travel out of district to
		officiate at wedding in California
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	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: 10/27 Rpt: 13/31	Smith, Stephen Craig (The Honorable) 00057712	
4	Date	5 Payee name	
	04/23/2024	Costco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$84.54	8055 Churchill Way	
		Dallas, TX 75251	
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. Check if Austin, TX, officeholder living expense	
		Office supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/20/2024	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.97	8055 Churchill Way	
		Dallas, TX 75251	
	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	
		Office supplies	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	02/08/2024	Dallas Bar Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	2101 Ross Ave.	
		Dallas, TX 75201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_
l			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - ıl Coı	mmittee	Gift/Awards/Memo Legal Services	·		/ages	/Contract Labor		Travel Out of OTHER (enter	District r a category not list	ed above)
L		_			n Guide explains	now to co	ınpıє	ete this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	•	mission Filers)
	Sch: 11/27 Rpt: 14/31	L		hen Craig (T	he Honorable					00057712	2	
4	Date	5	Payee name									
	01/10/2024		Dallas Cour	nty Democrat	ic Party							
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$500.00		1414 N. Wa	shington Ave	; .	-						
	,	1		5								
			Dallac TV	75204								
		igspace	Dallas, TX									
8	PURPOSE OF	(a)			at the top of this sci	:hedule)	(b)	Description				
	EXPENDITURE	1	Event Expe	nse			ı	므			omplete Schedule 1	· .
		1					ı	Check if Austin,			ing expense	
							ı	DCDP Fish F	ı y (CVCIIL		
Ļ	Ormalia Strategic	<u> </u>	S P. 1	b-12		0.00					L - 1 '	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	;	Office sou	ght			Office	neld	
L		_					_					
	Date		Payee name									
	01/29/2024		Daniel's Ex	kon								
	Amount (\$)	Т	Payee addre	ss; City;	State	e; Zip Co	de					
	\$22.85		685 US-84									
			Fairfield, TX	′ 75840								
_	DUDDOS-	<u> </u>				 -	<i>(</i> 1-)					
	PURPOSE OF	(a)			at the top of this sci	:hedule)	(a)	Description	oute:	do of Towar O	mnloto Cabadul - 3	_
	EXPENDITURE		Travel In Di	strict			1	Check if travel of Check if Austin,			omplete Schedule 1 ing expense	•
							ı	Expense for t				
							ı	J. 101 (J CIOUN		
_	Complete ONLY if direct	<u> </u>		ceholder name	,	Office sou	ght			Office	held	
	expenditure to benefit C/O		_ a. 1a1aa16/0111	ioidoi iidiilt	-	200 30U	A. II			Jilice		
		_					_					
	Date		Payee name									
	03/13/2024	L	Haywire									
	Amount (\$)	_	Payee addre	ss; City;	State	e; Zip Co	de					
	\$86.30		1920 McKir	iney Ave., Su	ite 100							
			Dallas, TX	75201								
	PURPOSE	(a)	Category (5)	e Catenories listed	I at the top of this sc	hedule)	(b)	Description				
	OF			age Expense		,,			outsi	de of Texas. Co	omplete Schedule 1	-
	EXPENDITURE			3 1			ı	Check if Austin,				
							1	Food and bev	ver	ages with s	supporters	
							1					
	Complete ONLY if direct		Candidate/Offi	ceholder name	;	Office sou	ght			Office	held	
	expenditure to benefit C/O	Н										
	· · · ·	4l '										

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/27 Rpt: 15/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	06/26/2024	Hudson House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.10	4040 Abrams Rd.
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and beverage with supporters
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2024	Jack Boles Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	8150 Brookriver Dr., #140
		Dallas, TX 75247
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking at Belo for DBA event
		r anding at Belo for BB/Y event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davis same
	Date	Payee name
	04/22/2024	Jack in the Box
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.40	100 I-30
		Royse City, TX 75189
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food for in district travel
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
	Sch: 13/27 Rpt: 16/31		Smith, Step	hen Craig (The F	lonorable)					00057712	
4	Date	5	Payee name								
	02/20/2024		Katy Flower	Shop							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$219.38		22145 Katy	Fwy., Suite B							
			Katy, TX 77	450							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE			/Memorials Expe		sudic)			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							ш		officeholder living	
								Flowers for co	olle	ague's men	ioriai service
_	Operation ONE V. C. F.	<u> </u>				vec:				0‴ :	.1.1
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name		office sou	ught			Office he	eld
	Date		Payee name								
	01/10/2024		Mac Taylor	American Inn of	Court						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$225.00		c/o 1445 Ro	ss Ave., Suite 25	500						
			Dallas, TX 7	'5202							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees			,		\Box		de of Texas. Com	
	EXI ENDITORE							_	, TX,	officeholder living	expense
								Annual dues			
	Complete ONLY if direct	<u> </u>	andidata/O#:	coholder name		office ee	lah+			Office he	nld.
	Complete ONLY if direct expenditure to benefit C/OH		ai iuiuale/OTI	ceholder name	Ü	Office sou	ugrit			Office ne	tiu
_		_									
	Date		Payee name	A Coo Ct-+:							
	01/10/2024	_		A Gas Station							
	Amount (\$)	ı	Payee addres	•	State;	Zip Co	ode				
	\$32.24		802-A E US	Hwy 80							
L		L	Forney, TX	75126							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel In Di	strict						de of Texas. Com	
								Expense for i		officeholder living	l expense
								ENPORISE IOI I	u	ioniot navel	
\vdash	Complete ONLY if direct		andidate/Offi	ceholder name	0	Office sou	laht			Office he	eld
	expenditure to benefit C/O			Tario	Ö					211100 110	

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

	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)
l	Sch: 14/27 Rpt: 17/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	01/02/2024	North Dallas Texas Democratic Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$75.00	17201 Hidden Glen Drive
l		
l		Dallas, TX 75248
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Annual dues
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantare to benefit 6/61	'
l	Date	Payee name
	01/29/2024	Racetrac 157
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$38.10	2152 Virginia Pkwy.
l		
		McKinney, TX 75070
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Expense for travel in district
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	<u> </u>	
l	Date	Payee name
L	01/02/2024	Reichek, Amanda (Judge)
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$30.00	P.O. Box 180551
l		
L		Dallas, TX 75218
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Reimbursement for court expense
		Treithbursetherit for bourt expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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

	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: 15/27 Rpt: 18/31	Smith, Stephen Craig (The Honorable) 00057712						
4	Date	5 Payee name						
	03/05/2024	Rex's Seafood and Market						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$233.08	6713 W. Northwest Hwy						
		Dallas, TX 75225						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Food and beverages with supporters						
		1 ood and beverages with supporters						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
_	Date	Payee name						
	02/12/2024	Ring Protect Plus						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$108.25	Online						
	4100.20							
		Online, TX 99999						
	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	Check if Austin, TX, officeholder living expense						
		Security expenses						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/30/2024	S&D Oyster Company						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$114.02	2701 McKinney Ave.						
		Dallas, TX 75204						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Food and beverages with supporters						
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 -

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: 16/27 Rpt: 19/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	01/05/2024	Shaw, Tenesa (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$250.00	600 Commerce St., Box 740
		Dallas, TX 75202
8	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
		Clerical assistance
		Giorical addictarios
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/22/2024	Shell Oil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$44.86	100 I-30 Frontage Rd.
	,	
		Royse City, TX 75189
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for in district travel
		Sus for in district traver
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/20/2024	Smith, Craig (Judge)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	6208 Waggoner Dr.
	Ψ30.00	0200 Waggonor Dr.
		Dallas, TX 75230
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement for in district travel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/27 Rpt: 20/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	04/30/2024	Smith, Craig
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	6208 Waggoner Dr.
		Dallas, TX 75230
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for in district travel
		Normbardement for in district traver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	04/22/2024	Smith, Craig
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	6208 Waggoner Dr.
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for out of district travel to Austin
		Reimbursement for out of district traver to Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	03/30/2024	Smith, Craig
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	6208 Waggoner Dr.
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for in district travel
		Reimbursement for in district traver
_	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 Fees

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	ategory not listed above)
1	Total pages Schedule F1:		(Ethics Commission Filers)
	Sch: 18/27 Rpt: 21/31		
4	Date	5 Payee name	
	03/06/2024	Smith, Craig	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$131.00	6208 Waggoner Dr.	
		Dallas, TX 75230	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Comp	lete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living	
		Reimbursement for in district	travei - GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	Id
"	expenditure to benefit C/O		iu
⊨	Date	T -	
	Date	Payee name	
L	02/15/2024	Smith, Craig	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.00	6208 Waggoner Dr.	
		Dallas, TX 75230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Comp	
		Check if Austin, TX, officeholder living Reimbursement for mileage 1	
		Troinisal content for mineage i	or in district flavor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	ld
	expenditure to benefit C/OI		
F	Date	Payee name	
	02/26/2024	Smith, Craig	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$158.00		
		1.00	
		Dallas, TX 75230	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel In District Check if travel outside of Texas. Comp	lete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living	
		Reimbursement for early Feb	oruary in district travel
L	0 1. 2		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office he DH	ld
<u> </u>			
L			

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officenoider/Politica	The Instruction Guide explains how to comple	• • • • • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/27 Rpt: 22/31	Smith, Stephen Craig (The Honorable)	00057712
4	Date	5 Payee name	-
	01/30/2024	Smith, Craig	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$59.00	6208 Waggoner Dr.	
		Dallas, TX 75230	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Reimbursement for expenses for in district travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	01/23/2024	Smith, Craig	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$240.00	6208 Waggoner Dr.	
		Dallas, TX 75230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Reimbursement for out of district travel to memorial
			service in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	01/29/2024	Smith, Craig	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$345.00	6208 Waggoner Dr.	
		Dallas, TX 75230	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Reimbursement for out of district travel to funeral in
			Sugerland
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	

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

	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: 20/27 Rpt: 23/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	06/17/2024	Smith, Craig
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	6208 Waggoner Dr.
		Dallas, TX 75230
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for food and beverages at luncheon
		with attorneys
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T	Date	Payee name
	05/08/2024	Starlink Internet
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	1 Rocket Rd.
		Hawthorne, CA 90250
	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
		Internet service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/11/2024	Starlink Internet
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	1 Rocket Rd.
		Hawthorne, CA 90250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Internet service
		internet service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 21/27 Rpt: 24/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	02/11/2024	Starlink Internet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	1 Rocket Rd.
		Hawthorne, CA 90250
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Internet service
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/07/2024	Starlink Internet
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	1 Rocket Rd.
		Hawthorne, CA 90250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Internet services
	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2024	Starlink Internet
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	1 Rocket Rd.
		Hawthorne, CA 90250
	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 Internet service
		internet service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	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: 22/27 Rpt: 25/31	Smith, Stephen Craig (The Honorable) 00057712	
4	Date	5 Payee name	_
	02/13/2024	Stoneleigh P	
6	Amount (\$) \$66.24	7 Payee address; City; State; Zip Code 2926 Maple Ave., #100	
		Dallas, TX 75201	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and beverages with supporter	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/07/2024	Stoneleigh P	
	Amount (\$) \$47.87	Payee address; City; State; Zip Code 2926 Maple Ave., #100	
		Dallas, TX 75201	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and beverages with supporter	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	02/20/2024	Susan Motley	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 400 W. Oak St., Suite 310	
		Denton, TX 76201	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

ense Travel III
ense Travel O
pes/Contract Labor OTHER

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 23/27 Rpt: 26/31	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	03/06/2024	Texas Department of Public Safety
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.61	Online service
		Dallas, TX 75201
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Security card
_	Operation ONLY & Street	On didn't Office helder game
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	
	Date 02/28/2024	Payee name The Moreury
		The Mercury
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.08	11909 Preston Road
		D-II TV 75000
		Dallas, TX 75230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and beverages with supporter
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/07/2024	The Mercury
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.44	11909 Preston Road
		Dallas, TX 75230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and beverages with supporter
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 24/27 Rpt: 27/31	2 FILER NAME Smith, Stephen Craig (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057712
4	Date	5 Payee name
	01/24/2024	The Mercury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.45	11909 Preston Road
		Dallas, TX 75230
		Dallas, 1 × 13230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
	-	Check if Austin, TX, officeholder living expense
		Food and beverages with supporter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/11/2024	The Mercury
	Amount (\$)	
	` '	
	\$79.12	11909 Preston Road
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and beverages with supporters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payae name
		Payee name Thirety Lion
	03/05/2024	Thirsty Lion
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.53	7859 Walnut Hill Lane, Suite 140
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and beverages with supporter
	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 -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	·		/ages	/Contract Labor		OTHER (enter a	strict a category not listed at	oove)
Ŀ		-			uide explains n	1011 10 00	ШРІС		-			
¹	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commiss	sion Filers)
l	Sch: 25/27 Rpt: 28/31		Smith, Step	hen Craig (The	Honorable)					00057712		
4	Date	5	Payee name									
l	06/20/2024		Tom Thuml									
ہا		<u> </u>			Ctata	7in Co	al a					
ľ	Amount (\$)	 ′	Payee addre	•	State,	Zip Co	ue					
l	\$115.63		11920 Pres	ton Ra.								
l												
l			Dallas, TX	75230								
8	PURPOSE	(a)	Category	ee Categories listed at t		al da N	(b)	Description				
	OF	``'		ee Categories listed at t head/Rental Ex		edule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE		Office Over	neau/Nentai Lx	pense			_		officeholder living		
l								Office supplie				
l												
9	Complete ONLY if direct	<u> </u>		ceholder name	0:	ffice sou	aht			Office h	eld.	
ľ	expenditure to benefit C/OI		candidate/On	ceriolaer riame	O.	mee sou	giit			Office fi	Ciu	
┕		_										
l	Date		Payee name									
l	01/11/2024		Total Wine	& More								
Г	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
l	\$95.25		9350 N. Ce	ntral Expresswa	١٧							
l				•	,							
l			Dellas TV	75220								
			Dallas, TX	75230								
l	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sche	dule)	(b)	Description				
l	OF EXPENDITURE		Food/Bever	age Expense				=			plete Schedule T.	
l								ш		officeholder living	g expense	
								Gift for suppo	ле	ľ		
L												
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	O:	ffice sou	ght			Office h	eld	
	experiulture to benefit C/Oi											
	Date		Payee name									
	04/23/2024		Tupinamba	Restaurant								
H	Amount (\$)		Payee addre		State:	Zip Co	de					
l	\$28.71		9665 N. Ce	-	Oldio,	2ip 00	uc					
l	Ψ20.71			illiai Expy.								
l			Suite 142									
l			Dallas, TX	75231								
Г	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sche	dule)	(b)	Description				
l	OF			age Expense		,			outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE			3 1				Check if Austin	, TX,	officeholder living	g expense	
l								Food and bev	ver	ages with su	upporter	
Г	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
\vdash												
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 26/27 Rpt: 29/31	2 FILER NAME Smith, Stephen Craig (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057712
4	Date	5 Payee name
-	04/15/2024	U.S. Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$892.07	Internal Revenue Service Center
		Austin, TX 73301
8	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. Check if Austin, TX, officeholder living expense Tax liability on CD purchased from campaign funds
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.34	unknown
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber for travel in district
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.74	unknown
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Uber for in district travel
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expense Printing Expense	d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Guid	le explains l	now to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 27/27 Rpt: 30/31		Smith, Step	phen Craig (The H	onorable)				00057712	
4	Date	5	Payee name	9				•		
	01/02/2024		Y.O. Ranch	h Steakhouse						
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code				
	\$101.17		702 Ross A	Ave.						
			Dallas, TX	75202						
8	PURPOSE	(a)	Category (s	See Categories listed at the	ton of this sche	edule) (b)	Description			
	OF EXPENDITURE			rage Expense	top 0. tillo 00.10	Judio)	Check if travel			plete Schedule T.
	LAFENDITORE						_		officeholder living	
							Food and be	vera	ages with st	all
9	Complete ONLY if direct	<u> </u>	Co.o.di.do.to/Off	finale dela mana		office consult			Office le	NA
ľ	expenditure to benefit C/O	н	Candidate/On	ficeholder name	C	office sought			Office h	eiu
_										

The Inst		
	ruction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/1 Rpt: 31/31
FILER NAME Smith, Stephen (Craig (The Honorable)	3 Filer ID (Ethics Commission Filers 00057712
Date 01/16/2024	5 Name of person from whom investment is purchased Chase Bank 6 Address of person from whom investment is purchased; City; 1700 Pacific Dallas, TX 75201 7 Description of investment Purchase of CD from political contributions 8 Amount of investment (\$) 90,000.00	; State; Zip Code