CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:				0==:0=:	10= 0\II \/				
_	00020664	ics Commission Filers)	2 Total pages filed.					ISE ONLY				
2	CANDIDATE /	MS / MRS / MR	FIRST		MI		Date Received					
3	OFFICEHOLDER	The Honorable	John T.		IVII		ELECTRONICA 07/19/2024	LLY FILED				
	NAME	NICKNAME			SUF		07/19/2024					
		NICKNAME	LAST Smithee		30F	ΓIΛ						
4	ORIGINAL	January 15	Runoff	Пон	her (specify)		Date Hand-delivered or	Date Postmarked				
•	REPORT TYPE	X July 15	Exceeded modified	ш	(۵, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,		Receipt #	Amount				
		30th day before election	15th day after camp	· · · —			rtoosipt ii	, and an				
			appointment (office	holder only)			Date Processed	<u> </u>				
		8th day before election	Final Report (Attacl									
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day		r	Date Imaged					
_		02/25/2024	THROUGH	06/30/20)24							
6	EXPLANATION OF C		nadvartanthy amittad	The gradit gard ov	vnonce wee	chour on	a achadula E4 (Avii	Dont Corl				
	2024/04/11 Payment to Citibank of \$52.13 was inadvertently omitted. The credit card expense was shown on schedule F4 (Avis Rent Car). 2024/04/11 Payment to Chase Cardmember Service of 133.70 was inadvertently omitted. The credit card expense was shown on schedule F4 (Ms. Piggy's Bakery). 2024/04/11 Payment to Citibank of \$458.20 was inadvertently omitted. The credit card expense was shown on schedule F4 (American Airlines AMA-DFW-AMA for legislative meeting) 2024/05/22 Payment to Citibank of \$50.96 was inadvertently omitted. The credit card expense was shown on schedule F4 (Avis Rent Car) 2024/05/29 Payment to Citibank of \$102.86 was inadvertently omitted. The credit card expense was shown on schedule F4 (Avis Rent Car) 2024/05/29 Payment to Chase Cardmember Service of 604.28 was inadvertently omitted. The credit card expense was shown on schedule F4 (\$79.00- Republican Party of Texas; \$257.80-Westin San Antonio; \$267.48-SW Airlines) 2024/06/11 Payment to Chase Cardmember Service of 186.00 was inadvertently omitted. The credit card expense was shown on schedule F4 (\$68.00-USPS; \$118.00-Public Storage) 2024/02/26 Entry of payment to Southwest Airlines has been deleted from this corrected report. This payment was incurred in December of 2023 and previously reported, and shown as outstanding. These items were discovered on July 16, 2024, while reviewing the 07/15/2024 COH Report											
7	AFFIDAVIT		and	correct.			that this corrected	report is true				
			Cne	ck the box next to	o any and ai	і арріісав	le statements:					
			X		ood faith and	l without a	affirm that the origing intent to misleaded 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.							e I learned lete. I				
				Т	The Honora	able Johr	n T. Smithee					
	AFFIX NOTABY OF	AMD / CEAL ABOVE		Siç	gnature of C	andidate	or Officeholder					
	AFFIX NOTARY ST	AMP / SEAL ABOVE										
	Sworn to and subsc	ribed before me, by the sai	d			. this th	e	day				
		, 20, to cer										
	Signature of office	er administering oath	Printed name of of	ficer administerin	ng oath	Т	itle of officer admir	istering 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 thi	1 Filer ID (Ethics Commis 00020664		2 Total pages filed: 19								
3 CANDIDATE /	MS / MRS / MR FIRS	ST	MI	OFFICE USE ONLY								
OFFICEHOLDER NAME	The Honorable John	1 T.		Date Received ELECTRONICALLY FILED								
	NICKNAME LAS	 Г	SUFFIX	07/19/2024								
	Smit	thee										
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked								
OFFICEHOLDER MAILING ADDRESS	2808 Parker			Receipt # Amount								
Change of Address	Amarillo, TX 79109											
	7411411110, 177 13133			Date Processed								
				Date Imaged								
5 CAMPAIGN	MS / MRS / MR FIRS	Т	MI									
TREASURER NAME	Mr. Mike											
	NICKNAME LAST	·	SUFFIX									
		defer	30111X									
	Starr	ucici										
6 CAMPAIGN	STREET ADDRESS (NO PO BOX I	PLEASE); AP	Γ / SUITE #; CITY;	STATE; ZIP CODE								
TREASURER ADDRESS	4805 Spartanburg											
(Residence or Business)	Amarillo, TX 79119											
7 CAMPAIGN	AREA CODE PHONE NUI	MBER EXTENSION										
TREASURER PHONE	(806) 359-8623											
8 REPORT TYPE				.								
I TIPE	January 15	th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)								
	X July 15 8th	day before election	Exceeded modified	Final Report (Attach C/OH-FR)								
			reporting limit	1								
9 PERIOD	Month Day Year		Month Day	Year								
COVERED	02/25/2024	THROUGH	06/30/2024	1								
10 ELECTION	ELECTION DATE	1 _	ELECTION TYPE	_								
	Month Day Year	Primary	Runoff	Other								
	11/05/2024	X General	Special									
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT									
	State Representative District 86	Randall	State Representa	ttive District 86								
	1		1									
	GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 19

13 C / OH NAME	Smithee, John T. (Th	e Honorable)	14 Filer ID (00020664	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exp These expenditures may have been made w officeholders are required to report this infor	ithout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	AME	
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADI		\$ 0.00
				v 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	LOANS)	\$ 6,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 119,059.75
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 112,587.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			penalty of perjury, that the accudes all information required to Code.	
		The	Honorable John T. Smithe	ee
		Signa	ture of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office	ce.	
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		JVLN	4 of 19		
l	ER NAN	ME John T. (The Honorable)	19 Filer ID 00020664	(Ethics C	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,050.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	116,864.02
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	2,195.73
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 I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/19		
2	FILER NAME Smithee, Joh	n T. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020664		
4	Date 02/27/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$2,000.00		
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Forrester, Miles Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00		
	Dringinal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer (See Instructions				
	Fillicipal occu	Jation / Job title (See Instructions)	Employer (See instructions	')			
	Date 02/28/2024	Full name of contributor X out-of-state PAC (ID#: C McGuire Woods Federal PAC Fund Contributor address; City; State; Zip Code	00225342		Amount of Contribution (\$) \$250.00		
		Richmond, VA 23219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Puckett, Pamela Contributor address; City; State; Zip Code Amarillo, TX 79109		Amount of Contribution (\$) \$100.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Sherrer, John and Cheryl Contributor address; City; State; Zip Code Amarillo, TX 79106			Amount of Contribution (\$) \$50.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/19	
2	FILER NAME Smithee, Jol	nn T. (The Honorable)		3	Filer ID (Ethics Commission 00020664	on Filers)
4	Date 03/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Soughstad, David and Gaye 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_		Amarillo, TX 79159				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_ TALHI Life Ins. PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Consumer Finance Associates PAC Contributor address; City; State; Zip Code Kerrville, TX 78028			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Municipal Police Assn PAC Contributor address; City; State; Zip Code Austin, TX 78752)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/6 Rpt: 7/19	2 FILER NAME Smithee, John T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020664
4	Date 06/20/2024	5 Payee name Aureli, Tamme
6	Amount (\$) \$5,200.00	7 Payee address; City; State; Zip Code 2209 Parker
		Amarillo, TX 79109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for preparation of reports and campaign expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/29/2024	Payee name Chase-Cardmember Service
	Amount (\$) \$350.00	Payee address; City; State; Zip Code P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment of credit card
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/11/2024	Payee name Chase-Cardmember Service
	Amount (\$) \$133.70	Payee address; City; State; Zip Code P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment of credit card
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 8/19	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	05/29/2024	Chase-Cardmember Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$604.28	P. O. Box 94014
		Palatine, IL 60094-4014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of credit card
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Pavee name
	06/11/2024	Chase-Cardmember Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.00	P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of credit card
		r dyment of credit card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	04/11/2024	CitiBank
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.13	P. O. Box 9001037
		Louisville, KY 40290-1037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Payment of Credit Card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2								3	Filer ID	(Ft	hics Commission Filers)
Ė	Sch: 3/6 Rpt: 9/19	l	Smithee, Jo		he Honor	able)					00020664	•	
4	Date	5	Payee name										
	05/22/2024	<u></u>	CitiBank										
6	Amount (\$) \$50.96		Payee addres P. O. Box 90 Louisville, K	001037	ity;)-1037	State	; Zip Co	de					
8	PURPOSE	(a)	Category (Se	e Categorie	s listed at the t	top of this sch	redule)	(b)	Description				
	OF		Credit Card						Check if travel	outsi	de of Texas. C	omplete	Schedule T.
	EXPENDITURE			, ,					Check if Austin Payment of c			ring expe	ense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Offic	ceholder	name	(Office sou	ght			Office	held	
	Date		Payee name										
	05/29/2024	(CitiBank										
	Amount (\$)		Payee addres	s; Ci	ity;	State;	; Zip Co	de					
	\$102.86		P. O. Box 90	001037									
	DUDDOOS	_	Louisville, K					/I->					
	PURPOSE OF		Category (Se			top of this sch	redule)	(a)	Description Check if travel	Olitei	de of Tayas C	nmalete	Schedule T
	EXPENDITURE	'	Credit Card	Paymer	ıτ				Check if travel				
									ല Payment of c				
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder	name	(Office sou	ght			Office	held	
	Date		Payee name						-				
	03/20/2024		Double U M	arketing	& Comm	unication	S						
	Amount (\$)		Payee addres	s; Ci	ity;	State;	; Zip Co	de					
	\$87,734.00	:	1608 S. Wa	shington	ļ								
		,	Amarillo, TX	79102									
	PURPOSE OF		Category (Se			top of this sch	redule)	(b)	Description	a	do of Town	a ma ml = 4	Cobodulo T
	EXPENDITURE	'	Advertising	Expense)				Check if travel Check if Austin				
									Campaign Ac			.9 svbc	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	ceholder	name	(Office sou	ght			Office	held	
	_												

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		<u> </u>		•	1	2	Filer ID	(Ethics Commiss	ion Filers)	
_	Sch: 4/6 Rpt: 10/19		n T. (The Honorable)	1			3	00020664	(Ethics Commiss	ion i licis)	
4	Date	5 Payee name									
-	04/15/2024		rketing & Communica	ations							
6	Amount (\$)	7 Payee address	; City;	State; Zip Co	ode						
	\$439.75	1608 S. Was	hington								
		Amarillo, TX	79102								
8	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description					
	OF EXPENDITURE	Advertising E	xpense			_		de of Texas. Comp officeholder living			
						Digital hosting			expense		
						Digital Hosting	9 0	i website			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	<u>l</u> ught			Office he	eld		
	Date	Payee name									
	04/04/2024	Gesend Text	ng Service								
	Amount (\$)	Payee address		State; Zip Co	odo						
	\$1,047.87	-	-	state, Zip Ct	bue						
	Φ1,047.67	2100 Hollywo	ou bivu.								
		Hollywood, F	L 33021								
	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description					
	OF EXPENDITURE	Advertising E	xpense			=		de of Texas. Com			
						ш		officeholder living	expense		
						Campaign ad	ive	rusing			
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				<u> </u>						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ught			Office he	eld		
	Date	Payee name									
	03/25/2024	Griffin Comm	unications								
	Amount (\$)	Payee address	; City;	State; Zip Co	ode						
	\$3,000.00	7111 Harvest	: Trail Drive								
	, , , , , , , , , , , , , , , , , , , ,										
		Austin, TX 78	3736								
	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description					
	OF EXPENDITURE	Consulting Ex	kpense					de of Texas. Com			
								officeholder living			
						Campaign Co	צו וע	uiting and A	นงษาแรกษ		
	0 1: 0			0.00	<u> </u>			0	1.1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eriolaer name	Office sou	ugnt			Office he	eiu		
	- paramate to bottom of of										
_			.1								

SCHEDULE F1

Advertising Expense Event Exp Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Ser

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Mange/Contract Labor

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 11/19	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	05/30/2024	Griffin Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,500.00	7111 Harvest Trail Drive
		Austin, TX 78736
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting and fundraising expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2024	Mesa Media
H	Amount (\$)	Payee address; City; State; Zip Code
	\$7,000.00	P. O. Box 201131
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Consulting and fund raising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Date	Payee name
	05/20/2024	Texas House of Representatives
L		·
	Amount (\$) \$231.22	Payee address; City; State; Zip Code P. O. Box 2910
	Φ231.22	P. O. BOX 2910
		Austin, TX 78767
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement of office staff for purchase of flags
		Remisersement of office start for purchase of mags
\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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions' Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Commit	ittee	Food/Beverage Exp Gift/Awards/Memoria Legal Services The Instruction	als Expense	Polling Expe Printing Exp Salaries/Wa how to corr	ense ges/Contrac		Tra	vel in District vel Out of Dis HER (enter a	trict category not listed a	above)
1	Total pages Schedule F1:	l						3	B File		(Ethics Commis	sion Filers)
	Sch: 6/6 Rpt: 12/19	Sr	mithee, Jo	hn T. (The Ho	norable)				00	020664		
4	Date		ayee name									
	03/05/2024	Th	ne Block H	louse								
6	Amount (\$)	l .	ayee addres		State;	; Zip Cod	е					
	\$231.25	78	300 Chimn	ey Corners								
		Αι	ustin, TX 7	8731								
8	PURPOSE OF			e Categories listed a	at the top of this sch	redule) (Descr					
	EXPENDITURE	Ac	dvertising	Expense				eck if travel ou eck if Austin, T			plete Schedule T.	
							_	paign Adv			ехрепас	
										3		
9	Complete ONLY if direct expenditure to benefit C/Ol		ndidate/Offic	ceholder name	(Office soug	nt			Office he	eld	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	is form.		.,	,	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 1/5 Rpt: 13/19				00020664				
4 CREDIT CARD ISSUER	Name of financial institution Citi Cards 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	Paid			
	\$458.20	03/25/2024						
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip			Zip Code		
	American Airlines		P. O. Box 619616					
			Dallas, TX					
8 PURPOSE OF	(a) Category	of this cohodulo)	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Travel Out of District Airfare AMA-DFW-AMA to attend legislative meeting			ting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	Paid			
\$52.13 03/25/2024								
PAYEE (a) Payee name (b) Pa		(b) Payee ac	ldress;	City,	State,	Zip Code		
Avis Rent Car 6 Sylvan Way								
	Parsippany, NJ 07504							
PURPOSE OF								
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District Rental car expense DFW							
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	[·] Paid			
	\$50.96	05/17/2024						
PAYEE	(a) Payee name	1	(b) Payee address; City, State,		Zip Code			
			6 Sylvan Way					
	Avis Rent Car							
	Parsippany, NJ 07504							
PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule) Pontal car expense Austin							
l <u>—</u>	(See Categories listed at the top of this schedule) Travel Out of District Rental car expense-Austin							
X Political								
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
I								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

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

Travel Out of District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 2/5 Rpt: 14/19				00020664			
4	CREDIT CARD ISSUER	Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$102.86	05/28/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Avis Rent Car 6 S		6 Sylvan Way				
				Parsippany, NJ 07504				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Rental car expense-Austi	n GOP Conven	tion		
l	X Political	Traver out or District						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
e	expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Ch		(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)		(b) Description						
	Political							
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.						
l	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Г	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	PURPOSE OF	(a) Category	of this cahadula)	(b) Description				
	EXPENDITURE	(See Categories listed at the top	oi uiis scriedule)					
	Political							
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.						
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Oniceriolder/Folitica		ruction Guide explains how	-	THEN (enter a categor	y not listed a	5040)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	3 Filer ID (Ethics Commission Filers)		
Sch: 3/5 Rpt: 15/19				00020664			
4 CREDIT CARD ISSUER	Chase Cardmomher Service EXPEND		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	NT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue		r Paid				
	\$133.70	03/05/2024					
7 PAYEE	(a) Payee name Ms. Piggy's Bakery		(b) Payee address; City, State, 6030 W 33rd Avenue			Zip Code	
	() 5 :		Amarillo, TX 79106				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ant			
l <u> </u>	Event Expense	,	Cookies for campaign eve	erit.			
X Political	L. —						
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sought	Office field			
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			r Paid				
	\$257.80	05/23/2024	(o) Bato(o) Groun Gara 18846	. r ala			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Westin Hotel-River	walk	420 W Market Street				
	San Antonio, TX 78205						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Hotel expense-GOP Convention				
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$267.48	(b) Date of Charge 05/23/2024	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name Southwest Airlines	l	(b) Payee address; P. O. Box 36611	City,	State,	Zip Code	
			Dallas, TX 75235				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Airfare-San Antonio-GOP	Convention			
X Political	Travel Out of District						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 4/5 Rpt: 16/19	Smithee, John T. (The Honorable)			00020664		
4 CREDIT CARD ISSUER	Name of financial institution See previous See previous See previous See previous CHARGED TO A CREDIT CARD		\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$79.00	05/23/2024				
7 PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code
	Republican Party of Texas 807 Brazos Street					
			Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category	of this cohodulo)	(b) Description			
EXPENDITURE	(See Categories listed at the top Event Expense	of this scriedule)	GOP Convention registrat	ion		
X Political	'					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Is		(c) Date(s) Credit Card Issuer	Paid			
\$116.00 04/04/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
Public Storage 1033 E 41st Street						
Austin, TX 78751						
PURPOSE OF (a) Category (b) De			(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Austin storage facility			
X Political	omee overnead/rem	LAPONOC				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$141.60	06/09/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1033 E 41st Street			
Public Storage						
Austin, TX 78751						
PURPOSE OF						
EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense Austin storage facility					
X Political						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 5/5 Rpt: 17/19	Smithee, John T. (1	The Honorable)			00020664			
4	CREDIT CARD ISSUER	Name of financial institution See previous See previous TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$118.00	05/01/2024						
7	PAYEE	(a) Payee name (b) Payee address; 1033 E 41st Street		City,	State,	Zip Code			
L				Austin, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Office Overhead/Ren		Austin sto	orage facility				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	X Check if Austin, TX,	, officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$68.00	05/07/2024						
PAYEE (a) Payee name (b) Payee address; City, State,					Zip Code				
		United States Postal Service 505 E 9th Avenue							
l		Amarillo, TX 79101							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Postage			otion				
	X Political	Postage							
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct Candidate/Officeholder name Office sought Office held xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$350.00	02/28/2024						
	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code	
		807 Brazos Street			os Street				
		Legislative Solutions #714							
				Austin, T					
1	PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule)							
		(See Categories listed at the top of this schedule) Advertising Expense Advertising expense							
	X Political								
\vdash	Non-Political								
_ [Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sougnt		Office held			
F	Aponditure to benefit C/OH								
í									

TEXT ANNOTATION Sch: 1/2 Rpt: 18/19 FILER NAME Filer ID (Ethics Commission Filers) 00020664 Smithee, John T. (The Honorable) Schedule F1 Information entered by filer as a memo: 2024/04/11 Payment to Citibank of \$52.13 was inadvertently omitted. The credit card expense was shown on schedule F4 (Avis Rent Car). 2024/04/11 Payment to Chase Cardmember Service of 133.70 was inadvertently omitted. The credit card expense was shown on schedule F4 (Ms. Piggy's Bakery). 2024/04/11 Payment to Citibank of \$458.20 was inadvertently omitted. The credit card expense was shown on schedule F4 (American Airlines AMA-DFW-AMA for legislative meeting) 2024/05/22 Payment to Citibank of \$50.96 was inadvertently omitted. The credit card expense was shown on schedule F4 (Avis Rent Car) 2024/05/29 Payment to Citibank of \$102.86 was inadvertently omitted. The credit card expense was shown on schedule F4 (Avis Rent Car) 2024/05/29 Payment to Chase Cardmember Service of 604.28 was inadvertently omitted. The credit card expense was shown on schedule F4 (\$79.00- Republican Party of Texas; \$257.80-Westin San Antonio; \$267.48-SW Airlines) 2024/06/11 Payment to Chase Cardmember Service of 186.00 was inadvertently omitted. The credit card expense was shown on schedule F4 (\$68.00-USPS; \$118.00-Public Storage)

TEXT ANNOTATION						
	Sch: 2/2 Rpt: 19/19					
FILER NAME Smithee, John T. (The Honorable)	Filer ID (Ethics Commission Filers) 00020664					
Schedule F4						
Information entered by filer as a memo: 2024/04/04 - Public Storage charge in the amount of \$116.00 was incurred, but not paid u	ntil after the reporting period					
2024/06/09 - Public Storage charge in the amount of \$141.60 was incurred, but not paid until after the reporting period						