CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commiss 00081958	ion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Reginald			Date Received	
					ELECTRONICA	I I Y EII ED
					01/14/2025	
	NICKNAME	LAST		SUFFIX	01/14/2025	
		Smith				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	PO Box 1947					
ADDRESS					Receipt #	Amount
Change of Address	Sherman, TX 75091					
'	Chemian, 17, 10001				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Jared				
	NICKNAME	LAST		SUFFIX		
		Johnson				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	4556 S. Fannnin Rd.					
(Residence or Business)	Denison, TX 75020					
	Benison, 17 10020					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(903) 821-1810					
FIIONE						
8 REPORT						
TYPE	X January 15	30th day before	election F	Runoff	15th day after cam	
					appointment (office	
	July 15	8th day before 6		Exceeded modified eporting limit	Final Report (Attac	cn C/OH-FR)
a DEDIOD	Marth Day Van			Marath Davi	V	
9 PERIOD COVERED	Month Day Year	TU	IDOLICH	Month Day	Year	
	07/01/2024	In	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE		*	ELECTION TYPE	C out	
	Month Day Year		rimary	Runoff	Other	
		G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 62 Grayson				
		-				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Smith, Reginald (The	Honorable)	14 Filer ID 00081958	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exp These expenditures may have been made wi officeholders are required to report this infor	thout the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
ш°	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NA	ME				
		COMMITTEE CAMPAIGN TREASURER AD	DRESS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 1,429.31			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 13,103.47			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TRIOD	THE LAST DAY OF THE	\$ 57,644.18			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	IS AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT			penalty of perjury, that the accides all information required tode.				
		The	Honorable Reginald Smit	:h			
		Signat	ure of Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL ABO	OVE					
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 offic	e.				
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 27

				3 of 27
18 FILER NAME Smith, Regir	19 Filer ID 00081958	(Ethics Commiss	sion Filers)	
20 SCHEDULE S			SUBTOTAI	L AMOUNT
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X S	SCHEDULE E: LOANS		\$	0.00
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	13,103.47
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I FO FILER	RETURNED	\$	30.00
			•	

PLE	DGED CONTRIBUT	IONS			SCHEDULE B
Т	he Instruction Guide expla	ins how to comple	ete this form.	1	. Total pages Schedule B: Sch: 1/1 Rpt: 4/27
2 FILER N	AME Reginald (The Honorable)		3		
<u></u>		:c		+	\$ 0.0
TOTAL OF UNITEMIZED PLEDGES					
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		8	Amount of 9 In-kind description pledge (\$) (If applicable)
	7 Pledgor Address;	City; State; Zip Code			
40 Driveries	and the state of t		144 - 1 (0) .	<u> </u>	Check if travel outside of Texas. Complete Schedul
10 Principai	occupation / Job title (See Instructi	ons)	11 Employer (See Inst	ructi	ions)

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how	to complete this f	orm.	1	ages Schedule E: /1 Rpt: 5/27
2	FILER NAME Smith, Reginald	(The Honorable)				(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			<u> </u>	\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; C	City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupati	on / Job title (See Instructions))	13 Employer (See Instru	ictions)	1
14	Description of Col	lateral		15 Check if personal fur	nds were deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable 18 Guarantor address; City; State; Zip Code					
20	Principal occupati	on		21 Employer (See Instru	uctions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 6/27	Smith, Reginald (The Honorable)	00081958
4	Date	5 Payee name	
	07/30/2024	Angoria Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$157.31	402 W. Beauregard Ave	
		San Angelo, TX 76903	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
			or the West Texas Legislative Summit
			5. a.e 1766. 167.ae 20g.e.a. 16 Ca
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	11/20/2024	Austin Land and Cattle Steak House	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.24	1205 N Lamar Blvd	
	, , , ,		
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Food/Beverage Expense	ravel outside of Texas. Complete Schedule T.
		l —	Austin, TX, officeholder living expense e dinner meeting.
		Legisianv	e diffici friceting.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
-	Date	Payee name	
	11/21/2024	Aviation Parking Garage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.00	8008 Herb Kelleher Way	
	,		
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	'	ravel outside of Texas. Complete Schedule T.
	EXPENDITORE	l —	Austin, TX, officeholder living expense
		Parking a meeting.	t Love Field for trip to Austin for legislative
	Complete ONLY if alias -t		Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 2/20 Rpt: 7/27 Smith, Reginald (The Honorable) 5 Payee andress: City: State: Zip Code 6 Amount (8) 7 Payee address: City: State: Zip Code 8008 Herb Kelleher Way Dallas, TX 75235 6 Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expend		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Sch: 2/20 Rpt: 7/27 4 Date 10/07/2024 5 Payee name Aviation Parking Garage 6 Amount (\$) \$ 7 Payee address; City: State: Zip Code 8008 Herb Kelleher Way Dallas, TX 75235 8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct 21/205/2024 Amount (\$) \$ 39.00 Date 12/205/2024 Amount (\$) \$ Payee ame Aviation Parking Garage Aviation Parking Garage Condidate/Officeholder name Office Sought Office held Payee name Aviation Parking Garage Aviation Parking Garage Aviation Parking Garage Amount (\$) \$ Payee address; City: State; Zip Code 839.00 S39.00 BOB Herb Kelleher Way Dallas, TX 75235 PURPOSE OF Payee address; City: State; Zip Code 8008 Herb Kelleher Way Dallas, TX 75235 PURPOSE OF Payee address; City: State; Zip Code 8008 Herb Kelleher Way Dallas, TX 75235 PURPOSE OF Payee address; City: State; Zip Code 8008 Herb Kelleher Way Dallas, TX 75235 Complete ONLY if direct expenditure to benefit CrOH Complete ONLY if direct expenditure to benefit CrOH Payee name 12/30/2024 Billiow Marketing Amount (\$) Payee address; City: State; Zip Code 81810 Marketing 92000 Parket 12000 Payee Address; City: State; Zip Code 9300 Parket 12000 Payee Address; City: State; Zip Code 9300 Parket 12000 Payee Address; City: State; Zip Code 9300 Parket 12000 Payee Address; City: State; Zip Code 9300 Parket 12000 Payee Address; City: State; Zip Code 9300 Parket 12000 Payee Address; City: State; Zip Code 9300 Parket 12000 Payee Address; City: State; Zip Code 9300 Payee Address; City: State; Zip Co	Ļ			_
Aviation Parking Garage Availation Parking Garage Availation Parking Garage April Payee address: City: State: Zip Code Bulk Office Parking Garage Availation Parking Garage Availation Parking Garage Availation Parking Garage Candidate/Officeholder name Office sought Office held Payee name Availation Parking Garage Amount (\$) Payee address: City: State: Zip Code Bulk Officeholder name Office sought Office held	1			
Second Complete ONLY if direct Complete Only if dire	4	Date	5 Payee name	
SAS.00 SOO8 Herb Kelleher Way Dallas, TX 75235		10/07/2024	,	
Travel Out of District	6	, ,	8008 Herb Kelleher Way	
Travel Out of District	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
Parking for two days for trip to Austin for legislative meetings. Candidate/Officeholder name Office sought Office held				
Date 12/05/2024		EXPENDITURE	Parking for two days for trip to Austin for legislative	
Aviation Parking Garage	9			
Amount (\$)		Date	Payee name	Ī
\$39.00 8008 Herb Kelleher Way Dallas, TX 75235 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District Complete ONLY if direct expenditure to benefit C/OH Date 12/30/2024 Amount (\$) Payee name Billow Marketing Amount (\$) Payee address; City; State; Zip Code \$746.34 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Pottsboro, TX 75076 (b) Description Parking at Love Field for trip to Austin for legislative meeting. Office held Office held Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense website maintenance and renewal.		12/05/2024		
Dallas, TX 75235 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking at Love Field for trip to Austin for legislative meeting. Candidate/Officeholder name Office sought Office held Payee name Billow Marketing Amount (\$) Payee address; City; State; Zip Code \$746.34 Pottsboro, TX 75076 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Austin, TX, officeholder inving expense website maintenance and renewal.		Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description check if travel outside of Texas. Complete Schedule T. check if travel outside of Texas. Complete Schedule T. check if Austin, TX, officeholder living expense Parking at Love Field for trip to Austin for legislative meeting. Complete ONLY if direct expenditure to benefit C/OH Date		\$39.00	8008 Herb Kelleher Way	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description check if travel outside of Texas. Complete Schedule T. check if travel outside of Texas. Complete Schedule T. check if Austin, TX, officeholder living expense Parking at Love Field for trip to Austin for legislative meeting. Complete ONLY if direct expenditure to benefit C/OH Date			Dallas, TX 75235	
OF EXPENDITURE Travel Out of District Travel Out of Texas. Complete Schedule T. Travel Out of Texas. Travel Out of Texas. Complete Schedule T. Travel Out of Texas. Travel Out of Te		DURDOSE		_
Complete ONLY if direct expenditure to benefit C/OH Date 12/30/2024 Amount (\$) Payee address; City; State; Zip Code \$746.34 Pottsboro, TX 75076 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Website maintenance and renewal. Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Complete ONLY if direct expenditure to benefit C/OH Date		EXPENDITURE	Traver out of District	
Date 12/30/2024 Payee name Billow Marketing Amount (\$) Payee address; City; State; Zip Code \$746.34 Pottsboro, TX 75076 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website maintenance and renewal.				
Amount (\$) Payee address; City; State; Zip Code \$746.34 Pottsboro, TX 75076 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website maintenance and renewal. Complete ONLY if direct Candidate/Officeholder name Office sought Office held			y	
Amount (\$) Payee address; City; State; Zip Code 307 W. FM 120 Pottsboro, TX 75076 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website maintenance and renewal. Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name	=
\$746.34 307 W. FM 120 Pottsboro, TX 75076 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website maintenance and renewal. Complete ONLY if direct Candidate/Officeholder name Office sought Office held		12/30/2024	•	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website maintenance and renewal. Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website maintenance and renewal. Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$746.34	307 W. FM 120	
Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website maintenance and renewal. Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Pottsboro, TX 75076	
EXPENDITURE Advertising Expense Check if Austin, TX, officeholder living expense website maintenance and renewal. Complete ONLY if direct Candidate/Officeholder name Office sought Office held			, , , , , , , , , , , , , , , , , , ,	
Complete ONLY if direct Candidate/Officeholder name			Advertising Expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		ZAI ZHOHORZ		
			website maintenance and renewal.	
				_

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

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
order Category not listed above)

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/20 Rpt: 8/27	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	11/21/2024	Doubletree Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.13	303 W. 15th Street
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging for legislative meeting.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/16/2024	Fairmont Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$377.38	101 Red River St
	Ψ311.30	101 Neu Nivel St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging for legislative meeting
	Operation ONLY if direct	On didn't Office helder game
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	12/05/2024	Fairmont Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$245.65	101 Red River St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging for legislative meeting.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 (Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 4/20 Rpt: 9/27	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	10/15/2024	Highland Dallas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$387.61	5300 E. Mockingbird
		Dallas , TX 75206
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lodging for legislative meeting.
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	10019 S IH 35 Frontage Rd
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottled water for legislative office.
		Bottled water for legislative office.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 09/04/2024	Payee name
		Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.22	10019 S IH 35 Frontage Rd
		Austin , TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottled water for legislative office.
	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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Smith, Reginald (The Honorable) Sch: 5/20 Rpt: 10/27 Smith, Reginald (The Honorable) Smith, Reginald (T	
Sch: 5/20 Rpt: 10/27 Smith, Reginald (The Honorable) 00081958 4 Date	
4 Date 08/02/2024 5 Payee name Hill Country Springs 6 Amount (\$)	rs)
Salva Springs	
Samount (\$) 7 Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd Austin, TX 78747	
\$29.23	
Austin , TX 78747 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 Bottled water for legislative office 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Hill Country Springs Amount (\$) Payee address; City; State; Zip Code \$50.22 \$50.22 \$10019 S IH 35 Frontage Rd Austin , TX 78747 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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Purpose	
Purpose	
Purpose	
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/OH Date O7/02/2024 Payee name Hill Country Springs Amount (\$) Payee address; City; State; Zip Code \$50.22 10019 S IH 35 Frontage Rd Austin , TX 78747 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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Hill Country Springs Amount (\$) Payee address; City; State; Zip Code \$50.22 10019 S IH 35 Frontage Rd Austin , TX 78747 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	
Date 07/02/2024 Payee name Hill Country Springs Amount (\$) Payee address; City; State; Zip Code \$50.22 10019 S IH 35 Frontage Rd Austin , TX 78747 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	
Date 07/02/2024 Payee name Hill Country Springs Amount (\$) Payee address; City; State; Zip Code \$50.22 10019 S IH 35 Frontage Rd Austin , TX 78747 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	
Date 07/02/2024	
O7/02/2024 Hill Country Springs Amount (\$) Payee address; City; State; Zip Code \$50.22 10019 S IH 35 Frontage Rd Austin , TX 78747 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	
Amount (\$) Payee address; City; State; Zip Code \$50.22 10019 S IH 35 Frontage Rd Austin , TX 78747 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	
\$50.22 10019 S IH 35 Frontage Rd Austin , TX 78747 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Austin , TX 78747 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	
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	
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	
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Check if Austin, TX, officeholder living expense	
Bottled water for legislative office.	
l l	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
09/18/2024 Hilton Garden Inn	
Amount (\$) Payee address; City; State; Zip Code	
\$275.08 500 N. IH 35	
Austin , TX 78701	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Lodging for legislative meeting.	
Operation ONLY if all the Company of	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gilt/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 6/20 Rpt: 11/27	Smith, Reginald (The Honorable)	00081958				
4	Date	5 Payee name	L				
	09/11/2024	Hilton Garden Inn					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
•	\$267.08	500 N. IH 35 Austin , TX 78701					
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. 1, TX, officeholder living expense egislative meeting				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/29/2024	Hilton Garden Inn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$537.54	500 N. IH 35					
		Austin , TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. 1, TX, officeholder living expense egislative meeting.				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/11/2024	Hilton Garden Inn					
	Amount (\$) \$186.87	Payee address; City; State; Zip Code 500 N. IH 35					
		Austin , TX 78701					
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. a, TX, officeholder living expense egislative meeting.				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal manage Calculula E4.	· · · · · · · · · · · · · · · · · · ·	:1)
1	Total pages Schedule F1: Sch: 7/20 Rpt: 12/27	2 FILER NAME Smith, Reginald (The Honorable) 3 Filer ID (Ethics Commission Filer ID) 00081958	iers)
4	Date	5 Payee name	
	10/04/2024	Hyatt Regency Conroe	
6	Amount (\$) \$220.26	7 Payee address; City; State; Zip Code 1001 Grand Central Parkway Conroe, TX 77304	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Lodging for legislative meeting.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/13/2024	J Carver's Oyster Bar and Chophouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$305.47	509 Rio Grande St.	
		Austin , TX 78701	
	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	
		Office holder dinner meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/21/2024	JW Marriott	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$529.26	110 E. 2nd	
	Φ529.20	110 E. 2110	
		Austin , TX 78701	
	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.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Lodging for legislative meeting.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H Total Control of the Control of th	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/	Wage	es/Contract Labor		OTHER (enter a	category not listed above))
			The Instruction (Guide explains how to co	ompl	lete this form.				
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission	Filers)
	Sch: 8/20 Rpt: 13/27	Smith	n, Reginald (The Hon	orable)				00081958		
4	Date	5 Payee	name							
	12/30/2024	l .	ma Restaurant							
6	Amount (\$)	7 Payee	address; City;	State; Zip C	ode					
ľ	\$279.82	l '	и 3356	otato, E.p. o	000					
	\$210.02									
		, , , , ,	No TV 75.405							
		van A	Alstyne, TX 75495							
8	PURPOSE OF	(a) Categ	Ory (See Categories listed a	t the top of this schedule)	(b)	Description				
	EXPENDITURE	Food	Beverage Expense			=			iplete Schedule T.	
						Volunteer app		officeholder living		
						volunteer app	ριC	ciation airin	GI.	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		. 105	O.(;;	<u> </u>			0,111		
9	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office so	ugnt			Office h	ela	
	Date	Payee	e name							
	11/04/2024	La Ci	ma Restaurant							
	Amount (\$)	Payee	address; City;	State; Zip C	ode					
	\$169.75	21 FN	И 3356							
		Van A	Alstyne, TX 75495							
	PURPOSE				(h)	. December				
	OF	l	Ory (See Categories listed a	t the top of this schedule)	(6)	Description Check if travel	outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE	Food	/Beverage Expense			<u> </u>		officeholder living		
						Officeholder of	din	ner meeting		
	Complete ONLY if direct		ate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	H								
_	Date	Payee	e name							
	10/21/2024	1 ′	ma Restaurant							
				Ctata: Zin C						
	Amount (\$)	1	e address; City;	State; Zip C	oue					
	\$55.65	ZI FN	И 3356							
		Van A	Alstyne, TX 75495							
	PURPOSE	(a) Categ	Ory (See Categories listed a	t the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food	/Beverage Expense						plete Schedule T.	
	2/11/2/10/12					ш		officeholder living		
						Officeholder of	uiri	ner meeting	•	
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office so	ught			Office he	eld	
	experience to beliefft G/O	•								

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calcadada 54	
1	Total pages Schedule F1: Sch: 9/20 Rpt: 14/27	2 FILER NAME Smith, Reginald (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081958
Ļ	<u> </u>	
4	Date	5 Payee name
	10/07/2024	La Cima Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.76	21 FM 3356
	,	
		V 41 - TV 75 405
		Van Alstyne, TX 75495
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Officeholder dinner meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	09/23/2024	
		McCarthy, Lauren
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1610 Waterston Ave Apt 7
		Austin , TX 78703
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract labor for officeholder committee work.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· ·
	<u>'</u>	
	Date	Payee name
	08/26/2024	Perla's
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.92	1400 S. Congress Ave.
	,,,,,	
		A T. V. 7070.4
		Austin , TX 78704
	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.
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Officeholder dinner meeting.
	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 Candidate/Officeholder/Political Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/20 Rpt: 15/27	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	12/20/2024	Quik Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.35	6120 N. Hwy 75
		Sherman , TX 75090
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 Fuel for trip to and from Bonham for presentation to
		retiring elected officials.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	12/02/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$521.97	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Air fare to and from Austin for legislative meeting.
		All fale to and nom Austin for legislative meeting.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	07/30/2024	Stripes
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.33	1606 Lafollette
		San Angelo, TX 76905
	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 Fuel for trip home from West Texas Legislative
		Summit
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 16/27	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	12/03/2024	TXB 32
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.94	1001 West Van Alstyne PKW
		Van Alstyne, TX 75495
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
		Fuel for trip to and from Bonham for memorial
		presentation to constituent.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/10/2024	TXB 32
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.44	1001 West Van Alstyne PKW
		Van Alstyne, TX 75495
	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
		Fuel for trip to and from Dallas for legislative
		meeting. '
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/29/2024	The Brown
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,345.78	321 17st
		Denver , CO 80202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging for the ALEC conference.
		Loughing for the ALLO conterence.
_	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	strict category not listed above	e)
	oreal oural ayment		The Instruction Guide	e explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	Ξ				3	Filer ID	(Ethics Commission	r Filers)
	Sch: 12/20 Rpt: 17/27	Smith, Reg	inald (The Honorab	ole)				00081958		
4	Date	5 Payee name								
	07/01/2024	The Charle	S							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$1,047.58	1632 Marke	et Center BLVD	•						
		Dallas, TX	75207							
Ļ	DUDDOCE				(b)	5				
8	PURPOSE OF		ee Categories listed at the to	pp of this schedule)	(D)	Description	nutei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE	F000/Beve	age Expense			_		officeholder living		
						Officeholder of				
9	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OF	4								
H	Date	Payee name								
	11/12/2024	The Lightho								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$223.01	200 South	Fulton Beach Road	•						
		Rockport, T	X 78382							
_	PURPOSE				(h)	Description				
	OF	Travel Out	ee Categories listed at the to	op of this schedule)	(0)	Description Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE	Traver Out	UI DISTIICT					officeholder livin		
						Lodging for le	egis	slative meet	ing.	
	Complete ONLY if direct		ceholder name	Office sou	ight			Office h	eld	
	expenditure to benefit C/OH	4								
	Date	Payee name								
	12/16/2024	Uber								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$8.93	1455 Marke	et St #400							
		San Franci	sco, TX 94103							
	PURPOSE		ee Categories listed at the to	(4)	(h)	Description				
	OF	Travel Out		op of this schedule)	(2)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	riavei Gat	or District			Check if Austin,	, TX,	officeholder living	g expense	
						Travel to legis	slat	tive meeting	in Austin.	
	Complete ONLY if direct		ceholder name	Office sou	ight			Office h	eld	
L	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 Comm

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

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

	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: 13/20 Rpt: 18/27	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	12/13/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.43	1455 Market St #400
		0 5
_		San Francisco, TX 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel to and from legislative dinner meeting in
		Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	12/05/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.26	1455 Market St #400
		San Francisco, TX 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Trip to the Austin Airport to travel home after
		legislative meeting.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/04/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.01	1455 Market St #400
		San Francisco, TX 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel to legislative meeting in Austin from hotel.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/20 Rpt: 19/27 Smith, Reginald (The Honorable) 00081958 4 Date Payee name 12/04/2024 Uber 6 Amount (\$) Payee address; State; Zip Code 1455 Market St #400 \$44.27 San Francisco, TX 94103 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Trip to from Austin Airport to Capitol for legislative dinner meeting. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/21/2024 Uber Amount (\$) Payee address; City; State; Zip Code \$34.69 1455 Market St #400 San Francisco, TX 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel from Austin Airport to Capitol for legislative meeting. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/20/2024 Uber Amount (\$) Payee address: City: State; Zip Code \$35.28 1455 Market St #400 San Francisco, TX 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel to Austin Airport from Capitol for legislative meeting. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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 The Instruction Guide	Salaries/V	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)	-
	Sch: 15/20 Rpt: 20/27		- inald (The Honorab	le)				00081958	,	
4	Date	5 Payee name	!							
	11/20/2024	Uber								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$17.87	1455 Mark	et St #400							
		San Franci	sco, TX 94103							
8	PURPOSE OF		see Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Travel Out	of District			_		de of Texas. Comp		
						_		officeholder living	inner in Austin.	
						mp to and in	J111	icgisiative a	miner in Austin.	
9	Complete ONLY if direct		iceholder name	Office sou	l ught			Office he	eld	_
	expenditure to benefit C/OI	-								
	Date	Payee name								
	10/24/2024	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$7.99	1455 Mark	et St #400							
		San Franci	sco, TX 94103							
	PURPOSE	(a) Category (S	see Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com		
						Trip to legisla		officeholder living		
						Trip to legisla	llive	e meeting in	Austin.	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	۱۲ مار	_
	expenditure to benefit C/OI		iodificiadi fiame	011100 000	ag.ii			Omoo ne	, i	
-	Date	Payee name								=
	10/23/2024	Uber	•							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ado					_
	\$16.31	1455 Mark		State, Zip Ct	Jue					
	φ10.31	1455 Marki	et 3t #400							
		San Franci	sco, TX 94103							
	PURPOSE	(a) Category 19	see Categories listed at the to	in of this schedule)	(b)	Description				_
	OF	Travel Out		p or time demodality	` `		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					ш		officeholder living		
							usi	tin Airport to	Capitol for legislative	
L						meeting				
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 16/20 Rpt: 21/27	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	10/11/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.00	1455 Market St #400
		San Francisco, TX 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel to legislative dinner meeting in Dallas.
		Traver to registative difficility in Dalias.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/11/2024	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$52.67	1455 Market St #400
		San Francisco, TX 94103
	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 Trip from legislative dinner meeting in Dallas.
		The non-registative diffici meeting in Dalias.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/17/2024	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$28.90	1455 Market St #400
	Ψ20.30	1435 Mainet St #400
		San Francisco, TX 94103
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Trip from Austin Airport to Capitol for legislative meeting.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
\vdash		

SCHEDULE F1

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

Event Expense 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: 17/20 Rpt: 22/27	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	09/17/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.34	1455 Market St #400
		San Francisco, TX 94103
8	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 Travel from Capitol to officeholder dinner meeting.
		Travel from Suprior to Universides diffine meeting.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/10/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.40	1455 Market St #400
		San Francisco, TX 94103
	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 Travel from Austin Airport to Capitol for legislative
		meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/10/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.80	1455 Market St #400
	Ψ10.00	1433 Market 3t #400
		San Francisco, TX 94103
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Travel to and from officeholder dinner meeting in Austin
	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 Commi 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:		_
1	Sch: 18/20 Rpt: 23/27	Smith, Reginald (The Honorable) Smith, Reginald (The Honorable)	
4	Date	5 Payee name	
	08/28/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.73	1455 Market St #400	
		San Francisco, TX 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Trip to and from officeholder meeting in Austin	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	oxpenditure to beliefft C/OI		
	Date	Payee name	
	08/26/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.21	1455 Market St #400	
		San Francisco, TX 94103	
	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	
		Travel from Austin Airport to Capitol for legislative	
		meeting	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	y	
	Date	Payee name	
	08/26/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$25.88	1455 Market St #400	
		San Francisco, TX 94103	
	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 Travel from Capitol to Austin Airport to fly home fro	m
		legislative meeting.	111
	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 Contributions/ Officeholder/Political Committee

Event Expense
Fees
Food/Beverage E
Gift/Awards/Mem
Gift/Awards/Mem

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 19/20 Rpt: 24/27	Smith, Reginald (The Honorable) 00081958
4	Date	5 Payee name
	08/26/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.96	1455 Market St #400
		San Francisco, TX 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel to officeholder meal in Austin
		Traver to officeriolder mear in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	07/10/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.93	1455 Market St #400
		San Francisco, TX 94103
	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 Trip to office holder dinner meeting in Austin.
		The to office holder diffiner meeting in Austin.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 07/11/2024	Payee name
		Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.73	1455 Market St #400
		San Francisco, TX 94103
	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 Trip to officeholder dinner meeting in Austin.
		The to office folder diffile theeting in Austin.
_	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	te this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 20/20 Rpt: 25/27	Smith, Reginald (The Honorable)		00081958
4	Date	5 Payee name		
	12/04/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$25.96	1455 Market St #400		
		0 F		
		San Francisco, TX 94103		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Travel from officeholder meeting to officeholder
				dinner in Austin.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	12/04/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$16.18	1455 Market St #400		
		San Francisco, TX 94103		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(5)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver eat or Biotriot		Check if Austin, TX, officeholder living expense
				Travel from officeholder dinner to hotel in Austin
		Candidate/Officeholder name Office sou		Office hold
\vdash	Canadata ONI V if divert			
	Complete ONLY if direct expenditure to benefit C/OI		ght	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

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	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: ./2 Rpt: 26/27	
2	Priler NAME Smith, Reginald (The Honorable)		3	-	Filer ID	(Ethics Commission Fi	ilers)
				0008			
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	12/27/2024	Simmons Bank					\$5.00
		6 Address of person from whom amount is received; City; State; Zip Code					
		Muliess of person from whom amount is received, City, State, Zip Code					
		Pine Bluff, AR 71611					
		7 Purpose for which amount is received	if politi	ica	al conti	ribution returned to filer	
		Relationship Rewards Cash Back	•				
_	Date	Name of person from whom amount is received				Amount (\$)	
	11/26/2024	Simmons Bank				Amount (\$)	\$5.00
	11/20/2024	ļ					Ψ3.00
		Address of person from whom amount is received; City; State; Zip Code					
		Pine Bluff, AR 71611					
			if noliti	ica	al conti	I ribution returned to filer	
		Relationship Rewards Cash Back	прощ	ICC	ai com	ibation retained to lile	
_						T	
	Date	Name of person from whom amount is received				Amount (\$)	ΦΕ 00
	10/28/2024 Simmons Bank				\$5.00		
		Address of person from whom amount is received; City; State; Zip Code					
		Pine Bluff, AR 71611					
			if politi	ica	al conti	ibution returned to filer	
		Purpose for which amount is received				ibation retained to lile	
						T	
		Date Name of person from whom amount is received			Amount (\$)	# F 00	
	09/26/2024	Simmons Bank					\$5.00
		Address of person from whom amount is received; City; State; Zip Code					
		Pine Bluff, AR 71611					
		<u> </u>	:c 1:4:		-1	::	
		Relationship Rewards Cash Back	прош	ICa	ai conti	ribution returned to filer	
						i	
	Date	Name of person from whom amount is received				Amount (\$)	
08/27/2024 Simmons Bank						\$5.00	
		Address of person from whom amount is received; City; State; Zip Code					
		Dino Diviff AD 71611					
		Pine Bluff, AR 71611					
		<u> </u>	if politi	iCa	al conti	ribution returned to filer	
		Relationship Rewards Cash Back					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 27/27 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Smith, Reginald (The Honorable) 00081958 5 Name of person from whom amount is received 8 Amount (\$) Date 07/26/2024 \$5.00 Simmons Bank 6 Address of person from whom amount is received; City; State; Zip Code Pine Bluff, AR 71611 Purpose for which amount is received Check if political contribution returned to filer Relationship Rewards Cash Back