FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00057712 33 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Stephen Craig NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Smith CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Thomas M. NAME NICKNAME LAST **SUFFIX** Melsheimer **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 453-6401 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 6 District 5 Dallas

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Smith, Stephen Craig	(The Honorable)	14 Filer ID 00057712	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been made officeholders are required to report this in	e without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		CAL CONTRIBUTIONS	DE LOANS)	\$ 0.00
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES (ZED POLITICAL EXPENDITURES	DF LOANS)	\$ 0.00
TOTALS	4. TOTAL POLIT	CAL EVENDITUES		0.00
	101AL POLIT	CAL EXPENDITURES		\$ 23,569.30
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS (RIOD	OF THE LAST DAY OF THE	\$ 45,270.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	DANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			er penalty of perjury, that the acc ncludes all information required t n Code.	
		The	Honorable Stephen Craig S	mith
			nature of Candidate or Officehol	
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of o		
Signature of office	er administering oath	Printed name of officer administering	g oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 33								
18 FILER NA Smith, St	ME ephen Craig (The Honorable)	19 Filer ID 00057712	(Ethics Commission Filers)						
l	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 23,569.30						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$ 1,011.91						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/29 Rpt: 4/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	03/04/2025	Allen Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.51	600 Commerce St.
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food and beverages with supporter
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	Allen Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.29	600 Commerce St.
		Dallas, TX 75202
	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
		X Check if Austin, TX, officeholder living expense Food and beverage with supporter
		Tood and beverage with supporter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	01/07/2025	Payee name Allgood Cafe
		5
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	2934 Main Street
L		Dallas, TX 75226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and beverages with supporters
		rood and beverages with supporters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/29 Rpt: 5/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	05/06/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.95	Online entity
_		Website, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/11/2025	Apple Online Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	Online
		Q 15 TV 00000
		Online, TX 99999
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitire to benefit C/O	
	Date	Payee name
	05/12/2025	Apple Online Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	Online
		Online, TX 99999
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

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

	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: 3/29 Rpt: 6/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	04/14/2025	Apple Online Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	Online
		Online, TX 99999
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/13/2025	Apple Online Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	Online
		Online, TX 99999
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/11/2025	Apple Online Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	Online
		Online, TX 99999
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
_	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 Commit

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/29 Rpt: 7/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	01/13/2025	Apple Online Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	Online
		Online, TX 99999
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	02/05/2025	Arts District Mansion
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2101 Ross Ave.
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking for in district travel
		Faiking for in district traver
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida dama
	05/18/2025	Payee name Ashley Smith for Judge Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 800852
		Dallas, TX 75380
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign donation
_	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	al Committee Legal Services Salaries/Wa The Instruction Guide explains how to com	ges/Contract Labor OTHER (enter a category not listed above) plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/29 Rpt: 8/33	Smith, Stephen Craig (The Honorable)	00057712
4	Date	5 Payee name	
	05/29/2025	Bobbie's Airway Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е
	\$91.95	5959 Royal Lane #515	
		Dallas, TX 75230	
8	PURPOSE OF	, (************************************	b) Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Food and beverages with supporter
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	05/14/2025	Bobbie's Airway Grill	
	Amount (\$)	Payee address; City; State; Zip Cod	e
	\$160.23	5959 Royal Lane #515	
		Dallas, TX 75230	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Food and beverages with supporters
			Tood and bororagos war supporters
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
	expenditure to benefit C/O		
	Date	Payee name	
	01/13/2025	Carrousel Travel	
-	Amount (\$)	Payee address; City; State; Zip Cod	0
	\$6,320.00	6625 Lyndale Ave. S	5
	Ψ0,020.00	0020 Lynduic Ave. 0	
		Minneapolis, MN 55423	
	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
			Travel fee for ABOTA trip to New Zealand
-	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
	expenditure to benefit C/Ol		Since field
\vdash			
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/29 Rpt: 9/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	05/11/2025	Carrousel Travel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.00	6625 Lyndale Ave. S
		Minneapolis, MN 55423
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 agent expense for ABOTA (American Board
		of Trial Advocates) trip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	02/25/2025	Carrousel Travel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,162.00	6625 Lyndale Ave. S
		Minneapolis, MN 55423
	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 Alliance Travel Insurance for trip to New Zealand
		Amarice Travel insulance for the to New Zealand
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Davies same
	04/08/2025	Payee name Chase Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.44	1700 Pacific
		Dallas, TX 75201
	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 Foreign exchange fees for travel to New Zealand for
		ABOTA trip
_	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

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/Political Committee Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 7/29 Rpt: 10/33		Smith, Step	hen Craig (The Ho	onorable)					00057712	
4	Date	5	Payee name								
	01/08/2025		Cindi's NY I	Deli							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	ode				
	\$33.09		306 S. Hous	ston St.							
			Dallas, TX 7	75202							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense		,		_		de of Texas. Com	
	EXI ENDITORE							_		officeholder living	
								Food and bev	vera	ayes willi Su	ihhoirei2
_	Complete ONLY if direct	<u> </u>	Candidate/Off	coholdor nama		office ee	l lab+			Office he	old
9	Complete ONLY if direct expenditure to benefit C/Oh		Januluale/OM	ceholder name		office sou	ugni			Office ne	:iu
	Date		Payee name					_			
	01/07/2025		Cindi's NY [Deli							
	Amount (\$)		Payee addre	ss; City;	State;	Zip C	ode				
	\$38.20		306 S. Hous	ston St.							
			Dallas, TX 7	75202							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense		-		—		de of Texas. Com	
	LA LIBITORE							—		officeholder living	
								Food and bev	vera	ayes with St	ipporters
	Complete ONLY if direct	<u> </u>	andidate/Off	ceholder name		office ee	l lab+			Office be	old
	Complete ONLY if direct expenditure to benefit C/OH		Ja⊓uiuale/O∏	сепошеннатте	O	Office sou	uynı			Office he	tiu
	Dete										
	Date		Payee name	ıfman							
	02/19/2025		Circle K Ka								
	Amount (\$)		Payee addres	•	State;	Zip C	ode				
	\$45.50		2201 S. Wa	shington St.							
L		L	Kaufman, T	X 75142							
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel In Di	strict				ш		de of Texas. Com	
								Fuel for trave		officeholder living	ı expense
								. acrioi liave		3.00100	
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	l uaht			Office he	eld
	expenditure to benefit C/O			22.3.00	Ü		-9,			211100 110	

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/29 Rpt: 11/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	01/13/2025	Dakota's Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$223.00	600 N. Akard
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Food and beverages with supporters
		1 ood and beverages with supporters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	
		Payee name
	03/06/2025	Dallas County Democrat Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1414 N. Washington Ave.
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Contribution to Democrat Farty Foundation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/14/2025	Dalton, Hans (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 6250
		McKinney, TX 75071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Congratulations
		Congratulations
	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 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		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: 9/29 Rpt: 12/33	Smith, Stephen Craig (The Honorable)	00057712
4	Date	5 Payee name	
	03/07/2025	Del Friscos	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
U	\$42.19	3232 McKinney Ave.	
	Ψ42.13	JZJZ Wickimicy Avc.	
		D. H	
		Dallas, TX 75204	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 dda/Beverage Expense	tside of Texas. Complete Schedule T. 'X, officeholder living expense
		l — I —	erages with supporters
			magee man cappendie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Date	Payee name	
	03/02/2025	Democracy Toolbox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$375.00	P.O. Box 6250	
		McKinney, TX 75071	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	tside of Texas. Complete Schedule T.
		I ────────────────────────────────────	X, officeholder living expense
		Consulting fee	
	Complete ONLY if disent	Condidate/Office helder no rec	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	04/13/2025	Democracy Toolbox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	P.O. Box 6250	
		McKinney, TX 75071	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Continuations/Donations Made by	tside of Texas. Complete Schedule T.
			X, officeholder living expense Tour - Event donation
		Texas Justice	Tour - Everit donation
	Complete ONLY if direct	Condidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	-		

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/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			ense ages/Contract La		Travel in Distric Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 10/29 Rpt: 13/33		ohen Craig (The Ho	norable)				00057712	
4	Date	5 Payee name							
Ļ	04/01/2025	Dockside F							
6	Amount (\$)	7 Payee addre		State;	Zip Coo	le			
	\$81.55	Sileu 3/9 Ç	ueens Wharf						
		Wellington	Central New Zeala	nd 6011 N	New Zea	land			
8	PURPOSE OF		See Categories listed at the to	op of this sche	dule)	(b) Descript			
	EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Con , officeholder livin	nplete Schedule T. g expense
									upporters on ABOTA trip
						to New	Zealand		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office h	eld
	Date	Payee name	:						
	05/29/2025	Dream Caf	e						
	Amount (\$)	Payee addre	ess; City;	State;	Zip Coo	le			
	\$39.02	2800 Routl	n Street						
		Suite 170							
		Dallas, TX	75201						
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this sche	dule)	b) Descript	tion		
	OF EXPENDITURE		rage Expense					ide of Texas. Con	nplete Schedule T.
						ш		ages with s	
						- J. u		5 - 5 - 1 00	11
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Of	ffice soug	ht		Office h	eld
	Date	Payee name)						
	06/17/2025	E-Bar							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	le			
	\$51.03	1901 N. Ha	askell Ave., Suite 12	20					
		Dallas, TX	75204						
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this sche	dule)	(b) Descript	tion		
	OF EXPENDITURE		rage Expense			Check	if travel outs		nplete Schedule T.
						ш		, officeholder livin	
						roou a	iiu bevel	ayes will Si	μ ρ υτιστο
	Complete ONLY if direct	Candidate/Of	ficeholder name	Of	ffice soug	ht		Office h	eld
	expenditure to benefit C/OI			O.		, y		35311	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/29 Rpt: 14/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	06/11/2025	Fifth Court of Appeals Employee Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	George L. Allen, Sr. Courts Bldg.
		600 Commerce St., Suite 200
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/04/2025	Finz Seafood and Grill Queenstown
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.17	Steamer Wharf Beach Street
		Queenstown New Zealand 9300 New Zealand
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and beverages with judges and supporters on
		ABOTA trip to New Zealand
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/13/2025	Flying Fish
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.78	1838 Irving Blvd.
		Dallas, TX 75207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food and beverages with supporters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cobadula F1	
1	Total pages Schedule F1: Sch: 12/29 Rpt: 15/33	2 FILER NAME Smith, Stephen Craig (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057712
_	•	
4	Date	5 Payee name
	06/07/2025	Graham, Rebekah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	3413 Dublin Trail
		Mesquite, TX 75149
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Assistance with data reporting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/22/2025	Graham, Rebekah
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3413 Dublin Trail
		Mesquite, TX 75149
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Assistance with data entry
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
H	Date	Payee name
	04/08/2025	Hilton Tahiti
\vdash		
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.40	Auae Faaa
		Papeete French Polynesia 98713 French Polynesia
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and beverages on ABOTA trip to New Zealand
		Tood and beverages on ABOTA trip to New Zealand
_	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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/29 Rpt: 16/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	01/22/2025	IQueue Media Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$490.00	13650 TI Blvd., #209
		Dallas, TX 75243
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Security product expense
		Security product expense
Ļ	Commission ONII V if disposi	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	· 	
	Date	Payee name
	04/03/2025	InterContinental Wellington
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.88	2 Grey Street
		Wellington New Zealand 6011 New Zealand
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and beverages with judges on ABOTA trip
		Food and beverages with judges on ABOTA tilp
L	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	03/05/2025	Jack & Harry's
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.97	6833 Snider Plaza
		Dallas, TX 75205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Food and beverages with supporter
L	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritate to benefit 0/01	•
<u> </u>		

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 manua Cabadula E1.	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 14/29 Rpt: 17/33	2 FILER NAME Smith, Stephen Craig (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057712
4	Date	5 Payee name
	02/04/2025	Jack & Harry's
6	Amount (\$) \$172.68	7 Payee address; City; State; Zip Code 6833 Snider Plaza Dallas, TX 75205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and beverages with supporters
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2025	Ku Sushi
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.13	11661 Preston Rd., #160
		Dallas, TX 75230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food and beverages with supporter
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	Lefty's Lobster & Chowder House
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.69	4021 Belt Line Rd.
	Ψ1.0.00	1011 2010 1 MI
		Addison, TX 75001
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food and beverages with supporters
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

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		
1	Total pages Schedule F1:		
	Sch: 15/29 Rpt: 18/33	Smith, Stephen Craig (The Honorable) 00057712	
4	Date	5 Payee name	
	05/14/2025	Levenger.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$82.47	420 S. Congress Ave.	
		Delray Beach, FL 33445	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	-	Check if Austin, TX, officeholder living expense Office supplies	
		J	
9	Complete ONLY if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H	
L		··	
	Date	Payee name	
	01/06/2025	Mac Taylor American Inn of Court	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$225.00	c/o 1445 Ross Ave., Suite 2500	
		Dallas, TX 75202	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyon Complete Schedule Toyon Complete S	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Annual dues	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiorare to belieff C/Of		
	Date	Payee name	
	04/15/2025	Mahana Bora Bora	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.55	Povai Bora Bora	
		Bora Bora French Polynesia 98730 French Polynesia	
	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.	
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	of
		Food and beverages on ABOTA (American Board Trial Advocates) trip	UΙ
	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

	Candidate/Officeholder/Politica Credit Card Payment		ries/Wag	ense Jes/Contract Labor		OTHER (enter a	a category not listed above)
	Credit Card Payment	The Instruction Guide explains how	o comp	olete this form.			
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 16/29 Rpt: 19/33	Smith, Stephen Craig (The Honorable)				00057712	
4	Date	Payee name		•			
	04/15/2025	Mahana Bora Bora					
6	Amount (\$)	Payee address; City; State; Zip	Code	<u>,</u>			
	\$177.84	Povai Bora Bora					
	,						
		Bora Bora French Polynesia 98730 French	Dolyn	nocia			
_		<u> </u>	-	_			
8	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b	Description		ide of Toyon Con	anlata Cabadula T
	EXPENDITURE	Travel Out of District				ide of Texas. Con , officeholder livin	nplete Schedule T.
				ш			can Board of Trial
				Advocates) tr			
9	Complete ONLY if direct	Candidate/Officeholder name Office	sough	nt		Office h	eld
	expenditure to benefit C/O		9				
_	Date	Dayon nama					
	03/10/2025	Payee name Martha Huffman Campaign					
			01 -				
	Amount (\$)	Payee address; City; State; Zip	Code	?			
	\$100.00	P.O. Box 507					
		Fate, TX 75132					
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
	OF EXPENDITURE	Contributions/Donations Made By		=			nplete Schedule T.
		Candidate/Officeholder/Political Committee		Campaign co		, officeholder livin ibution	g expense
				Campaign		ibution	
	Complete ONLY if direct	Candidate/Officeholder name Office	sough	ıt .		Office h	<u>ald</u>
	expenditure to benefit C/O	Ouridiate/Oniceriolaer Harrie	Jougn			Office II	Ciu
	Data						
	Date	Payee name					
	05/01/2025	Ocean Prime					
	Amount (\$)	Payee address; City; State; Zip	Code	9			
	\$68.72	2101 Cedar Springs Rd.					
		Suite 150					
		Dallas, TX 75201					
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
	OF EXPENDITURE	Food/Beverage Expense					nplete Schedule T.
				ш		, officeholder livin	
				Food and bev	/er	ayes with St	upporters
	Complete ONE V if allow -t	Condidate/Officeholder name	001:51			Office I	ald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office	sough	ıı		Office h	eiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e Legal Serv		Salarie	-	s/Contract Labor		avel Out of Dis HER (enter a	strict category not listed above)	
				uction Guide ex	plains how to	compl	ete this form.				
1	Total pages Schedule F1:	2 FILE	ER NAME					3 Fil	er ID	(Ethics Commission Filers	s)
_	Sch: 17/29 Rpt: 20/33	-	ith, Stephen Cra	ig (The Hono	rable)			00	057712		
4	Date	1 1	ee name								
L	04/14/2025	Par	k Hyatt Aucklan	d							
6	Amount (\$)	7 Pay	ee address; C	ity;	State; Zip	Code					
	\$445.00	99 ו	Halsey Street								
		Auc	kland Central N	ew Zealand 1	.010 New Ze	ealan	d				
8	PURPOSE	(a) Cate	egory (See Categorie	es listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	1	vel Out of Distric				Check if travel	outside o	f Texas. Com	plete Schedule T.	
	LAI LINDITOILE						Check if Austin				
							Lodging in Ai (American Bo			ealand for ABOTA	
							(American Di	oaiu 0	i iiiai Au	νουαίσος πιρ	
9	Complete ONLY if direct		idate/Officeholder	name	Office s	ought			Office he	eld	
L	expenditure to benefit C/OI	п									
	Date	Pay	ee name								
	05/29/2025	Per	ch Bistro and Ba	ar							
	Amount (\$)	Pay	ee address; C	ity;	State; Zip	Code					
	\$193.86	770	9 Inwood Rd.								
		Dal	las, TX 75209								
	PURPOSE	(a) Cate	egory (See Categorie	es listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	1	od/Beverage Exp		,		_	outside o	f Texas. Com	plete Schedule T.	
	LAPENDITURE		J 1				Check if Austin				
							Food and be	verage	es with si	upporters	
	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeholder	name	Office s	ought			Office he	eld	
<u> </u>		ī									
	Date	1 1	ee name								
	04/06/2025	Pub	olic Kitchen and	Bar Queensto	own			_			
	Amount (\$)	Pay	ee address; C	ity;	State; Zip	Code					
	\$136.82	Ste	amer Wharf/Bea	ıch							
		Que	eenstown New 2	ealand 9300	New Zealar	nd					
	PURPOSE	(a) Cate	egory (See Categorie	es listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Foo	od/Beverage Exp	ense			ш			plete Schedule T.	
							Check if Austin				
							ABOTA trip to			dges and supporters	UII
	Commission ONE V. C. P.		idata/Office 1		Ott.		•				
	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeholder	name	Office s	ought			Office he	eia	
	- Farmano to sonone or or	-									

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/Politica Credit Card Payment		mmittee	Legal Se		•		Vages	s/Contract Labor		Travel Out of OTHER (ente		ct tegory not listed above)
				The In	struction Gu	iide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	((Ethics Commission Filers)
	Sch: 18/29 Rpt: 21/33		Smith, Step		raig (The	Honorable))				00057712	2	
4	Date	5	Payee name										
	04/09/2025		Relay Auck	land									
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de					
	\$24.02		Auckland A	irport									
			Auckland N	ew Ze	aland 202	2 New Zea	land						
8	PURPOSE	(a)	Category (Se	ee Catego	ories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever						_		de of Texas. Co		
									Check if Austin				
									trip to New Z			iCKla	and Airport on ABOTA
								L	p 14044 Z	Jui			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	icehold	er name	(Office sou	ght			Office	held	İ
	CAPETIGITATE TO DETICITE C/OF												
	Date		Payee name										
	01/17/2025		Renny's										
	Amount (\$)	Т	Payee addre	ss;	City;	State	; Zip Co	de					
	\$290.90		11661 Pres	ton Ro	d., #153		-						
	,												
			Dallas, TX	75230									
\vdash	PURPOSE	(a)	Category (Se		ariae lietad at th	o top of this sale	odulo)	(b)	Description				
	OF	``	Food/Bever			ie iop di iiis scr	ieuuie)	``	_	outsi	de of Texas. Co	omple	ete Schedule T.
	EXPENDITURE		. 000,0000	~90 L					Check if Austin	ı, TX,	officeholder liv	ing ex	kpense
									Food and be	ver	ages with :	sup	porters
L								L					
	Complete ONLY if direct		Candidate/Offi	cehold	er name	(Office sou	ght			Office	held	ı
	expenditure to benefit C/O	Н											
	Date		Payee name										
	04/07/2025		Skyline Cab	oleway	,								
	Amount (\$)	\vdash	Payee addre		City;	State	; Zip Co	de					
	\$75.89		53 Beacon	-	•	Juic	,p 00						
	Ψ1.0.09		JO DOUGOIT	Jucet									
			Queenstow	n New	Zealand 9	9300 New 3	Zealand						
\vdash	PURPOSE	(2)						(h)	Description				
	OF	^(a)	Category (Se			ne top of this sch	nedule)	(0)		outsi	de of Texas. Co	omple	ete Schedule T.
	EXPENDITURE		rraver Oul (טו טוטנ	HIGE				Check if Austin				
													on ABOTA (American
													to New Zealand
	Complete ONLY if direct		Candidate/Offi	icehold	er name		Office sou	<u> </u>			Office	helo	I
	expenditure to benefit C/OI				-			J -					

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

	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: 19/29 Rpt: 22/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	05/25/2025	Slide Jockeys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	2121 N. Pearl St.
		Suite 900
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Book illustrations for "On the Jury Trial"
		2557
9		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/08/2025	Smith, Craig
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.00	6208 Waggoner Dr.
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for out of district travel to Austin for
		judicial meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/12/2025	Smith, Craig
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	6208 Waggoner Dr.
		Dallas, TX 75230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for travel to Austin for judicial
		meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/29 Rpt: 23/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	03/01/2025	Smith, Craig
6	Amount (\$) \$270.00	7 Payee address; City; State; Zip Code 6208 Waggoner Dr.
		Dallas, TX 75230
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for out of district travel to Austin for
		Judicial event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	02/06/2025	Smith, Craig
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	6208 Waggoner Dr.
	¥=13133	
		Dallas, TX 75230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for travel to Austin for ABOTA
		meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/08/2025	Smith, Craig
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.00	6208 Waggoner Dr.
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for out of district travel to Austin for
		Judicial meeting
\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 Candidate/Officeholder/Political Committee
Credit Card Payment

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

	Credit Card Payment		The Instruction Guide explains how	to com	ıple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 21/29 Rpt: 24/33	:	Smith, Stephen Craig (The Honorable)			00057712
4	Date	5	Payee name			-
	04/08/2025	:	Soul Origin Auckland Airport			
6	Amount (\$)	7	Payee address; City; State; Zi	p Cod	е	
	\$28.33		Kiosk F891, Level 1			
		,	Auckland Auckland 2022 New Zealand			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e) (b)	Description
	OF EXPENDITURE		Food/Beverage Expense			Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE					Check if Austin, TX, officeholder living expense Food and beverages on ABOTA trip to New Zealand
						Food and beverages on ABOTA trip to New Zealand
9	Complete ONLY if direct	L C	andidate/Officeholder name Office	e soug	ht	Office held
	expenditure to benefit C/O			9		
_	Date	Π	Payee name			
	01/15/2025	1	Stoneleigh P			
-	Amount (\$)		Payee address; City; State; Zi	p Cod	е	
	\$27.21	:	2926 Maple Ave., #100			
			•			
			Dallas, TX 75201			
	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.
	EXI ENDITORE					Check if Austin, TX, officeholder living expense
						Food and beverages with supporters
	Complete ONLY if direct		andidate/Officeholder name Office	e soug	ht	Office held
	expenditure to benefit C/O			9		
	Date		Payee name			
	04/16/2025		Stoneleigh P			
	Amount (\$)		Payee address; City; State; Zi	p Cod	е	
	\$68.03	1	2926 Maple Ave., #100			
			·			
			Dallas, TX 75201			
	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.
	EXPENDITORE					Check if Austin, TX, officeholder living expense
						Food and beverages with supporters
L	Complete ONLY if direct		andidate/Officeholder name Office	e soug	ht	Office held
	expenditure to benefit C/O		andidate/Oniceholder name Office	e soug	111	Office field
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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete	,
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
	Sch: 22/29 Rpt: 25/33	Smith, Stephen Craig (The Honorable)	00057712
4	Date	5 Payee name	•
	03/05/2025	Stoneleigh P	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.04	2926 Maple Ave., #100	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Food and beverages with supporter
_			200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/29/2025	The Conservancy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.31	E1/17 Jellicoe Street	
		Auckland Central Auckland 1010 New Zealand	
	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.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Food and beverages with judges on ABOTA trip to New Zealand
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date	Payee name	
	03/26/2025	The Mercury	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.44	11909 Preston Road	
		Dallas, TX 75230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Food and beverages with supporters
			Took and beverages with supporters
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	3	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

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: 23/29 Rpt: 26/33 Smith, Stephen Craig (The Honorable) 00057712 4 Date Payee name 03/13/2025 The Mercury 6 Amount (\$) Payee address; State; Zip Code \$53.46 11909 Preston Road Dallas, TX 75230 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and beverages with supporters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2025 The Mercury Amount (\$) Payee address; City; State; Zip Code \$85.44 11909 Preston Road Dallas, TX 75230 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and beverages with supporters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/08/2025 The Rees Hotel Amount (\$) Payee address: City; State; Zip Code \$11.57 377 Frankton Road Queenstown New Zealand 9300 New Zealand **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and beverages on ABOTA trip to New Zealand 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

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	l Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NA	AME					3	Filer ID	(Ethics Commission Filers)
	Sch: 24/29 Rpt: 27/33	Smith, S	tephen Craig (The H	onorable)					00057712	
4	Date	5 Payee na	me							
	04/09/2025	The Ree								
6	Amount (\$)	7 Payee ad	dress; City;	State;	Zip Co	de				
	\$211.56	377 Frai	nkton Road		·					
		Queenst	own New Zealand 93	300 New Z	ealand					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Travel C	out of District				=		de of Texas. Comp	
							_		officeholder living	expense vel on ABOTA trip to
							New Zealand		n aistrict trat	voi on Abo i A tilp to
<u>_</u>	Complete ONLY if alice -t	Condidate	Officeholder		ffing and	abt			Office I	.id
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	O1	ffice sou	gnt			Office he	HU .
	Date	Payee na	me							
	04/15/2025	Tony Gr	imes Campaign							
	Amount (\$)	Payee ad	dress; City;	State;	Zip Co	de				
	\$100.00	P.O. Box	x 166176							
		Irving, T	X 75016							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		tions/Donations Mad						de of Texas. Comp officeholder living	
		Candida	te/Officeholder/Politic	cai Commi	ttee		Campaign do			expense
							Janipaign uu	iiul		
\vdash	Complete ONLY if direct	Candidate	Officeholder name	Ot	ffice sou	aht			Office he	ald
	expenditure to benefit C/O		Chiceholder Haille	O	cc 30U	giit			Onice He	iu.
_	<u> </u>									
	Date	Payee na	me							
	04/14/2025	Uber								
	Amount (\$)	Payee ad		State;	Zip Co	de				
	\$110.09	1801 N.	Lamar St., #130							
		Dallas, 1	X 75202							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Travel Ir			<i>'</i>		Check if travel		de of Texas. Comp	
	LAFENDITURE						ш		officeholder living	expense
							Uber for in dis	strio	ct travel	
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Of	ffice sou	ght			Office he	eld
	experioliture to beriefit C/Of	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 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: 25/29 Rpt: 28/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	04/07/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.45	1801 N. Lamar St., #130
		Dallas, TX 75202
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
		Uber for travel in New Zealand
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	04/07/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.05	1801 N. Lamar St., #130
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Uber for travel out of district in New Zealand for
		ABOTA trip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.76	1801 N. Lamar St., #130
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Uber during ABOTA trip to New Zealand
L		
	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 Contributions/ Donations Mad 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	
<u> </u>		
1	Total pages Schedule F1: Sch: 26/29 Rpt: 29/33	2 FILER NAME Smith, Stephen Craig (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057712
4	Date	5 Payee name
_	04/06/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.72	1801 N. Lamar St., #130
		Dallas, TX 75202
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
		Uber on ABOTA trip to New Zealand
		Obel off/hoof/thip to New Zealand
_	Operation ON W. W. P	Overfildsta 10ff and halden a source
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.50	1801 N. Lamar St., #130
		Dellag TV 75202
		Dallas, TX 75202
	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
		Uber in Queenstown, New Zealand for ABOTA trip
		Ober III Queenstown, New Zealand for ABO IA thip
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	
	Date	Payee name
	04/04/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.75	1801 N. Lamar St., #130
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Uber in Christchurch during ABOTA trip to New
		Zealand
	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
Contributions/ Popularions Made By -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 27/29 Rpt: 30/33	2 FILER NAME Smith, Stephen Craig (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057712
4	Date	5 Payee name
-	03/26/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.77	1801 N. Lamar St., #130
		Dallas, TX 75202
		Dallas, 17 73202
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
		Uber for travel in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	03/25/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.88	1801 N. Lamar St., #130
		Dallas, TX 75202
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Uber for travel in district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/23/2025	Uber
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.53	1801 N. Lamar St., #130
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Uber for in district travel
	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
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

	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: 28/29 Rpt: 31/33	Smith, Stephen Craig (The Honorable) 00057712
4	Date	5 Payee name
	02/23/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.98	1801 N. Lamar St., #130
		Dallas, TX 75202
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
		Uber for in district travel
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2025	Vogue Lounge
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.22	137 Quay Street
	Ψ01.22	101 Quay 01:001
		Auckland Central Auckland 1010 New Zealand
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and beverages with judges on ABOTA trip to
		New Zealand
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/31/2025	Waterside Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.98	3 Tongario Street
		Taupo New Zealand 3330 New Zealand
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and beverages with supporters on ABOTA trip
		to New Zealand
	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
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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Legal Services The Instruction	Guide explains		ages.	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 29/29 Rpt: 32/33	ı	Smith, Step	hen Craig (T	ne Honorable	!)				00057712	
4	Date	5	Payee name								
	04/12/2025		Westin Bora	Bora							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de				
	\$736.00		BP 190, Mo	tu Tape							
			Bora-Bora E	Bora-Bora 98	730 French P	Polynesia					
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Travel Out of	of District							plete Schedule T.
								Hotel for ABC		officeholder living	g expense
								TIOLETION ADC	,,,	чир	
_	Complete ONLY if direct	<u> </u>	Soundidate (Offi			O#iaa aau	a. la.4			Office le	ماما
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Oπic	ceholder name		Office sou	gnt			Office he	ela
		_									
	Date	ı	Payee name								
	04/07/2025		White and V	Vong's							
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de				
	\$44.57		59 Beach St	treet							
			Otago New	Zealand 930	0 New Zealar	nd					
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sc	chedule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense	!			—			plete Schedule T.
								_		officeholder living	
											n ABOTA (American ip to New Zealand
	Complete ONLY if direct	<u> </u>	Candidata/Offi	ceholder name		Office sou				Office he	-
	Complete ONLY if direct expenditure to benefit C/OI		,anuluale/Oni	zenoluei name	;	Office Sou	ynı			Office fit	eiu
<u> </u>											
l											

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: 1/1 Rpt: 33/33 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Smith, Stephen Craig (The Honorable) 00057712 5 Name of person from whom amount is received 8 Amount (\$) 04/23/2025 Chase Bank \$1,011.91 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75230 Purpose for which amount is received Check if political contribution returned to filer Interest earned on campaign account CD