CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			055105.11	105 ONI V
_	00020664	CS COMMISSION FILETS)	50			OFFICE USE ONLY	
2	CANDIDATE /	MS / MRS / MR	FIRST		MI	Date Received	
3	OFFICEHOLDER	The Honorable	John T.		IVII	ELECTRONICA	LLY FILED
	NAME				CULTIV	07/16/2025	
		NICKNAME	LAST Smithee		SUFFIX		
4	ORIGINAL	January 15	Runoff	Other (s	enecify)	Date Hand-delivered or	Date Postmarked
_	REPORT TYPE	X July 15	Exceeded modified	ш `	эреспу)	Receipt #	Amount
		 	15th day after camp	· · · —		Receipt #	Amount
		30th day before election	appointment (office	holder only)		Date Processed	
		8th day before election	Final Report (Attacl	h C/OH-FR)		1	
5	ORIGINAL PERIOD COVERED	Month Day Yea		Month Day	Year	Date Imaged	
		01/01/2025	THROUGH	06/30/2025			
6	EXPLANATION OF C			P 15 0			
	Upon additional revie	w of the 7-15-2025 COH, th	ne following errors wer	e discovered in the ex	pianatory notes	:	
		contributions totaling \$7,500 king account prior to the er					
	•	•				-	
		anding check in the amount rectly as June 20, 2025.	\$318.79 reported, but	not reflected in the er	nding account ba	alance, was erroned	ously dated June 20,
	,	,					
7	AFFIDAVIT		Lsw	ear, or affirm, under p	enalty of neriury	that this corrected	report is true
				correct.	chary or porjury	,, that this corrected	Toport is true
			Che	ck the box next to any	/ and all applical	ble statements:	
				-			
			X	Semiannual reports was made in good fa			
				misrepresent the infe			
				Other reports: 15	awaar ar affirm	that I am filing this	aarraatad
			Ш	report not later than	the 14th busine	ss day after the date	e I learned
				that the report as ori			
				filed was made in go		mission in the report	as originally
				Th - 1		T Contide a	
					Honorable Joh		
	AEEIV NOTADV ST	AMP / SEAL ABOVE		Signati	ire of Candidate	e or Officeholder	
	AFFIX NOTART ST	AIVIP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	he	day
		, 20, to cert					•
	Signature of office	er administering oath	Drinted name of of	fficer administering oa	th -	Title of officer admin	istering oath
	Signature of office	or auministering datif	Finited name of the	meer auministering 0a	u i	THE OF OTHER AUTHOR	notering batti

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Comm 00020664		2 Total pages fil	led: 60
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	John T.			Date Received	
10 000					ELECTRONICA	ALLY EILED
					07/16/2025	ALLI FILLD
	NICKNAME	LAST		SUFFIX	07/10/2025	
		Smithee				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	2808 Parker					
ADDRESS					Receipt #	Amount
Change of Address	Amarillo, TX 79109					
	7 (Titalino, 17, 75105				Date Processed	
					Date Imaged	
F. CAMBAICNI	MC (MDC (MD	FIDET				
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Mike				
	NICKNAME	LAST		SUFFIX		
		Standefer				
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP	T / SUITE #; CITY;	; STA	ATE; ZIP CODE
TREASURER ADDRESS	4805 Spartanburg					
(Residence or Business)	Amarillo, TX 79119					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(806) 359-8623					
8 REPORT				_		
TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	X July 15	8th day before 6	election \square	Exceeded modified	Final Report (Atta	
		Guir day sciole (reporting limit	- I mai report (rate	2011 07011111
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025		HROUGH	06/30/202		
	01/01/2023	• • • • • • • • • • • • • • • • • • • •		00/30/202	20	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
LECTION	Month Day Year		rimary	Runoff	Other	
			-	브	Шошо.	
		∐ ^G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)	
	State Representative Dis	trict 86 Randall				
	GO TO PAGE 2					
		GO I	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 50

13 C / OH NAME	Smithee, John T. (Th	e Honorable)	14 Filer ID (E 00020664	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 7,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 60,008.61
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 100,433.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable John T. Smithe	e
		Signature of	Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVE	4 of 50
	ER NAN		19 Filer ID	(Ethic	cs Commission Filers)
		John T. (The Honorable)	00020664		
		E SUBTOTALS			SUBTOTAL AMOUNT
INA	MIE OF	SCHEDULE		—	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	40,009.41
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,999.60
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	9,999.60
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

ETARY POLITICAL CONTRIBUTION	SCHEDULE A1		
struction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/50		
		3 Filer ID (Ethics Commission Filers) 00020664	
<u> </u>	:)	7 Amount of Contribution (\$) \$5,000.00	
Austin, TX 78701			
occupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Weekley, Richard Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00	
Houston, TX 77027			
	Employer (See Instructions Self	s)	
1: N : E	Istruction Guide explains how to complete this NAME e, John T. (The Honorable) 5 Full name of contributor out-of-state PAC (ID# Texans for Lawsuit Reform PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701 al occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Weekley, Richard Contributor address; City; State; Zip Code	Instruction Guide explains how to complete this form. Same	

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: 1/14 Rpt: 6/50	Smithee, John T. (The Honorable) 00020664	
4	Date	5 Payee name	
	02/11/2025	823 Congress Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.31	823 Congress Avenue	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Parking expense for Panhandle Days & National	
		Assn of Financial Advisors event	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
H	Date	Payee name	
	06/23/2025	Amarillo Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	P. O. Box 9480	
		Amarillo, TX 79105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Clack if travel outside of Taxas Complete Schedule T	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Dues for membership	
L			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/13/2025	Amarillo National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9,606.00	500 S. Taylor	
		Amarillo, TX 79101	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transfer of funds to open account for Check if travel outside of Texas. Complete Schedule T.	
		WinRed Contribution to be returned	
		Contribution to be returned	
	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 Candidate/Officeholder/Political Con-

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: 2/14 Rpt: 7/50	Smithee, John T. (The Honorable) 00020664		
4	Date	5 Payee name		
	01/09/2025	Chase-Cardmember Service		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$85.07	P. O. Box 94014		
		Palatine, IL 60094-4014		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Payment of credit card		
		r dyfficht of credit eard		
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
L				
	Date	Payee name		
	02/10/2025	Chase-Cardmember Service		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$926.57	P. O. Box 94014		
		Palatine, IL 60094-4014		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Payment of credit card		
		Taymont of diodic out		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	03/04/2025	Chase-Cardmember Service		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$183.49	P. O. Box 94014		
		Palatine, IL 60094-4014		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Payment of credit card		
		Fayment of Cledit Card		
_	Complete ONLY if direct	Condidate/Officeholder name Office cought		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 3/14 Rpt: 8/50	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	03/11/2025	Chase-Cardmember Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,189.85	P. O. Box 94014
		Palatine, IL 60094-4014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of credit card
		ayment of credit card
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/17/2025	Chase-Cardmember Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.63	P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Payment of credit card
		Fayment of Credit Card
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/25/2025	Chase-Cardmember Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$152.10	P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of credit card
		Fayment of Credit Card
_	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 Co 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: 4/14 Rpt: 9/50	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
L	04/04/2025	Chase-Cardmember Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$684.49	P. O. Box 94014
		Palatine, IL 60094-4014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of credit card
		1 dyment of credit card
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	04/21/2025	Chase-Cardmember Service
H	Amount (\$)	Payee address; City; State; Zip Code
	\$697.20	P. O. Box 94014
	Ψ001.20	1.0.800.04014
		Palatine, IL 60094-4014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Payment of credit card
	Operation ONLY if dispose	Open Fight to 100% on health and a second to the control of the co
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/11/2025	Chase-Cardmember Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,947.45	P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of credit card
		rayment of credit card
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊢		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made 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		Travel Out of District OTHER (enter a category not listed above)
_	Tatal as a second of Education Education	<u> </u>	C Files ID (Fabine Commission Filess)
1	Total pages Schedule F1: Sch: 5/14 Rpt: 10/50	Smithee, John T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020664
4	Date	5 Payee name	
	01/02/2025	Chase-Cardmember Service	
6	Amount (\$) \$2,832.28	7 Payee address; City; State; Zip Code P. O. Box 94014	
	Ψ2,032.20	1. O. Box 34014	
		Palatine, IL 60094-4014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Gard Layment	outside of Texas. Complete Schedule T.
		l — l —	, TX, officeholder living expense redit card (charges reported on report
		filed 2024/12	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	04/28/2025	Chick-Fil-A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.58	503 W. Martin Luther King Jr. Blvd	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Beverage Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		In-office lunc	
		6.11.6	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	04/21/2025	CitiBank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$771.51	P. O. Box 9001037	
		Louisville, KY 40290-1037	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card i dynient	outside of Texas. Complete Schedule T.
		l — l —	, TX, officeholder living expense
		Payment of c	ireuit Catu
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinico Hold

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 Cd

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: 6/14 Rpt: 11/50	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	04/27/2025	CitiBank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$216.34	P. O. Box 9001037
		Louisville, KY 40290-1037
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment of credit card
		aymont of orout sara
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/11/2025	CitiBank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$976.11	P. O. Box 9001037
		Louisville, KY 40290-1037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment of credit card
		aymont of orout sara
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/02/2025	CitiBank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$321.98	P. O. Box 9001037
		Louisville, KY 40290-1037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment of credit card for charges reported on 12/31/2024 Rep American Airlines 321.98 (Sch F4 &
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
\vdash		
1		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calcadate 54	,
1	Total pages Schedule F1: Sch: 7/14 Rpt: 12/50	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4	Date	5 Payee name
	01/02/2025	City of Austin Utilities
6	Amount (\$) \$242.12	7 Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78783
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 Austin apartment utilities
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.81	P. O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		\times \text{Check if Austin, TX, officeholder living expense} Austin apartment utilities
		Ausun aparunen uunues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.57	P. O. Box 2267
		Austin, TX 78783
	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. X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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	
_	T	
1	Total pages Schedule F1: Sch: 8/14 Rpt: 13/50	2 FILER NAME Smithee, John T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020664
4	Date	5 Payee name
	04/03/2025	City of Austin Utilities
6	Amount (\$) \$73.65	7 Payee address; City; State; Zip Code P. O. Box 2267
		Austin, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORL	X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	• •	
	\$64.55	P. O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	P. O. Box 2267
	\$80.00	P. O. Bux 2207
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-t-1	,
1	Total pages Schedule F1: Sch: 9/14 Rpt: 14/50	2 FILER NAME Smithee, John T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020664
4	<u> </u>	
4	Date	5 Payee name
L	06/05/2025	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.69	P. O. Box 2267
		Austin TV 70702
		Austin, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
—	Date	Payoo namo
		Payee name
	04/21/2025	Double U Marketing & Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$324.75	1608 S. Washington
		Amarillo, TX 79102
_		
	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
		Internet Hosting
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to belieff C/OI	1
	Date	Payee name
	01/06/2025	Galaxy Cafe
	Amount (\$)	
	\$43.02	1000 West Lynn Street
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		In-office lunch for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/14 Rpt: 15/50	2 FILER NAME Smithee, John T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020664
4	Date 03/03/2025	5 Payee name HEB
6	Amount (\$) \$49.74	7 Payee address; City; State; Zip Code 2701 E. 7th
		Austin, TX 78702
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Supplies for office and committee hearings
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/01/2025	Payee name Hernandez, Anna (Rep.)
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 1401 Congress Austin Texas, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Committee gift for State Affairs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/16/2025	Payee name Oldham County Stock Show
	Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 578
		Vega, TX 79092
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 11/14 Rpt: 16/50	Smithee, John T. (The Honorable) 00020664						
4	Date	5 Payee name						
	01/10/2025	Randall County Junior Livestock Show						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$100.00	P. O. Box 1141						
		Canyon, TX 79015						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
		Candidate/Officeholder/Political Committee						
		Contribution to association						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
J	expenditure to benefit C/OI							
	Date	Davisa nama						
	02/10/2025	Payee name Royal Sonesta						
		-						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$629.46	Stephen F. Austin Hotel						
		701 Congress Ave.						
		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 Hotel in Austin for staff for Panhandle Days						
		Proter in Addition Stail for Familianale Days						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Date	Payee name						
	02/10/2025	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$233.97	P. O. Box 36611						
	Ψ200.01	11012000011						
		Dallas, TX 75235						
	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						
		Airfare for staff to travel Ama-Aus-Ama for						
		Panhandle Days						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experiulture to beliefft C/OI	1						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 12/14 Rpt: 17/50	Smithee, John T. (The Honorable)		00020664	
4 Date	5 Payee name			
01/12/2025	Target			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$44.45	2300 W. Ben White			
	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if trav	vel outside of Texas. Comp	
EXI ENDITORE		Supplies fo	stin, TX, officeholder living	expense
		Supplies to	Tonice	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office he	ıld
expenditure to benefit C/		ugnt	Office fie	iu
Data				
Date 06/02/2025	Payee name Texas Department of Criminal Justice			
		- d -		
Amount (\$) \$340.99	Payee address; City; State; Zip Co	ode		
Φ340.98	209 West 14th Street			
	Augstin TV 70701			
	Austin, TX 78701	L		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	vel outside of Texas. Comp	olata Schadula T
EXPENDITURE	Gift/Awards/Memorials Expense	ı —	stin, TX, officeholder living	
		Purchase o	of Committee gifts	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office he	ld
expenditure to benefit C/	OH .			
Date	Payee name			
02/03/2025	Toorish, Samantha			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$2,855.00	40 North I35			
	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if trav	vel outside of Texas. Comp	
EXPENDITORE			stin, TX, officeholder living	expense
		Austin apar	rtment rental	
Complete ONLY if allowed	Condidate/Officeholder remains	laht	O#ina I-	ld
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sou OH	ugni	Office he	ılu
·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment		Committee Legal	wards/Memorials Expense Services		ages/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
			Instruction Guide explains	HOW TO CON	iipiele lais form.		
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 13/14 Rpt: 18/50		Г. (The Honorable)			00020664	
4	Date	Payee name					
L	03/03/2025	Toorish, Saman	tha				
6	Amount (\$)	7 Payee address;	City; State	; Zip Coo	de		
	\$2,855.00	40 North I35					
		Austin, TX 7870	1				
8	PURPOSE	(a) Category (See Cate	egories listed at the top of this scl	hedule)	(b) Description		
	OF EXPENDITURE		d/Rental Expense		<u> </u>	outside of Texas. Comp	
	LAI LINDITORL				_	, TX, officeholder living	expense
					Austin apartm	nent rental	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeho	lder name	Office soug	jht	Office he	eld
L	CAPERICITURE TO DETIENT C/OF						
	Date	Payee name					
L	04/02/2025	Toorish, Saman	tha				
	Amount (\$)	Payee address;	City; State	e; Zip Cod	de		
	\$2,855.00	40 North I35					
		Austin, TX 7870	1				
	PURPOSE	(a) Category (See Cat	egories listed at the top of this scl	hedule)	(b) Description		
	OF EXPENDITURE	Office Overhead	d/Rental Expense		—	outside of Texas. Comp	
					ш	, TX, officeholder living	expense
					Austin apartn	ieni renial	
L	Complete ONLY if direct	Candidata/Office La	ldor namo	Office corre	.ht	Office he	ald
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeho	пиет патте	Office soug	jiit	Office he	eiu
L	Dete						
	Date	Payee name	4l				
	05/01/2025	Toorish, Saman					
	Amount (\$)	Payee address;	City; State	e; Zip Coo	de		
	\$2,855.00	40 North I35					
		Austin, TX 7870	1				
	PURPOSE	(a) Category (See Cate	egories listed at the top of this scl	hedule)	(b) Description		
	OF EXPENDITURE		d/Rental Expense		<u> </u>	outside of Texas. Comp	
						, TX, officeholder living	expense
					Austin apartm	nent rental	
	Complete ONLY if direct	Candidate/Officeho	lder neme	Office source	.ht	Office he	.ld
	Complete ONLY if direct expenditure to benefit C/OH	Canuluale/Officeno	iuei Iidiiië	Office soug	jiit	Office ne	au.

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: 14/14 Rpt: 19/50	Smithee, John T. (The Honorable) 00020664
4	Date	5 Payee name
	06/02/2025	Toorish, Samantha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,855.00	40 North I35
		Austin, TX 78701
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
		<u>x</u> Check if Austin, TX, officeholder living expense Austin apartment rental
		, addin aparamone roman
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.99	1455 Market Street
		Suite 400
		San Francisco, CA 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 Transportation from hotel to airport for staff for
		Panhandle Days in Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	05/15/2025	Vinaigrette
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.69	2201 College Avenue
		Austin, TX 78701
	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 In-office dinner for staff
		in-onice diffici for stall
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME				nission Filers)			
Sch: 1/15 Rpt: 20/50	Smithee, John T. (1	Γhe Honorable)		00020664				
4 CREDIT CARD ISSUER		ncial institution e Card	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	 \$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$85.07	01/04/2025	01/09/2025					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State	e, Zip Code			
	Avis Rent Car		6 Sylvan Way					
			Parsippany, NJ 07504					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	_				
X Political	Travel Out of District	or the ostroducy	Rental car expense-Austi	n				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 02/10/2025	r Paid				
	\$330.16	01/03/2025	02/20/2020					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State	e, Zip Code			
	Cort Furniture Rental		8940 Research Blvd. #C					
			Austin, TX 78758					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Austin apartment furniture rental					
X Political	Office Overfiedd/Nerii	и Ехрепзе						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	ice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$106.25	01/29/2025	02/10/2025					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State	e, Zip Code			
			6 Sylvan Way	- 3 ,	, ,			
	Avis Rent Car		, , , ,					
			Parsippany, NJ 07504					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Rental car expense-Austin					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
experience to beliefft C/On								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 2/15 Rpt: 21/50	Smithee, John T. (T	The Honorable)		00020664			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$106.88	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card Issuer 02/10/2025	Paid			
7 PAYEE	Avis Rent Car (b) 1 dyes dadress, 6 Sylvan Way			City,	State,	Zip Code	
	(a) Oatawari		Parsippany, NJ 07504				
EXPENDITURE X Political	X Political Travel Out of District			1			
Non-Political				officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$53.12	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issuer 02/10/2025	· Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Avis Rent Car		6 Sylvan Way				
			Parsippany, NJ 07504				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Rental car expense-Austir	1			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held			
expenditure to benefit C/OH			•				
PAYMENT	(a) Amount Charged \$330.16	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuer 02/10/2025	Paid			
PAYEE (a) Payee name Cort Furniture Rental		(b) Payee address; 8940 Research Blvd. #C Austin, TX 78758	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		,	(b) Description Austin apartment furniture rental				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
	Sch: 3/15 Rpt: 22/50	Smithee, John T. (1	The Honorable)			00020664		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$183.49	(b) Date of Charge 02/27/2025	(c) Date(s) C 03/04/2025	Credit Card Issuer	Paid		
7	PAYEE	(a) Payee name Avis Rent Car		(b) Payee ac	/ay	City,	State,	Zip Code
Ļ	DUDDOS 05	(a) Cataman			/, NJ 07504			
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Travel Out of District Rental car expense-Austin		1				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Ŀ	expenditure to benefit C/OH							
PAYMENT		(a) Amount Charged \$202.46	(b) Date of Charge 03/07/2025	(c) Date(s) Credit Card Issuer Paid 03/11/2025				
	PAYEE	(a) Payee name	I	(b) Payee ac	ldress;	City,	State,	Zip Code
	Avis Rent Car			6 Sylvan W	/ay			
L					, NJ 07504			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Rental car (prorated)	on expense-Austir	1		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	7 Check if Austin TX	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder		ice sought Office held				
6	expenditure to benefit C/OH			Ü				
	PAYMENT	(a) Amount Charged \$122.56	(b) Date of Charge 02/19/2025	(c) Date(s) C 03/11/2025	Credit Card Issuer	Paid		
PAYEE		(a) Payee name Avis Rent Car		(b) Payee address; 6 Sylvan Way		City,	State,	Zip Code
L	DUDDOSE OF (a) Catagony		Parsippany, NJ 07504 (b) Description					
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		of this schedule)		expense-Austir	1		
	Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T		Check if Austin TY	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH Consolidate (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Officeholder name				J SHOOK II AUSUII, TA,	Office held	0.100	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4: 2 FILER NAME					s Commiss	sion Filers)	
Sch: 4/15 Rpt: 23/50	Smithee, John T. (1	Γhe Honorable)		00020664			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$193.93	(b) Date of Charge 02/13/2025	(c) Date(s) Credit Card Issue 03/11/2025	er Paid			
7 PAYEE	(a) Payee name Avis Rent Car		(b) Payee address; 6 Sylvan Way Parsippany, NJ 07504	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Rental car expense-Austi	in			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$335.03	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issue 03/11/2025	er Paid			
PAYEE	(a) Payee name Cort Furniture Rental		(b) Payee address; 8940 Research Blvd. #C Austin, TX 78758	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Austin apartment furniture	e rental			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$123.16	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issue 03/11/2025	er Paid			
PAYEE (a) Payee name Tiff's Treats Cookie Delivery		(b) Payee address; 1806 Nueces Street Austin, TX 78701	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food for Capitol Office gu	uests			
Non-Political Complete ONLY if direct expenditure to benefit C/OH	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office			officeholder living expe	ense		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME 3				3 Filer ID (Ethics Commission Filers)		
Sch: 5/15 Rpt: 24/50	Smithee, John T. (T	he Honorable)			00020664		
4 CREDIT CARD ISSUER		Name of financial institution See previous See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$		
6 PAYMENT	(a) Amount Charged \$212.71	(b) Date of Charge 01/16/2025	(c) Date(s) C 03/11/2025	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name Tacodeli		(b) Payee ad 301 Congre	ess	City,	State,	Zip Code
			Austin, TX				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food for Ca	on apitol Office gu	ests		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$162.63	(b) Date of Charge 03/13/2025	(c) Date(s) C 03/17/2025	redit Card Issuer 5	Paid		
PAYEE	PAYEE (a) Payee name Avis Rent Car		(b) Payee ad 6 Sylvan W	ay	City,	State,	Zip Code
	() -		Parsippany, NJ 07504				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Rental car expense-Austin				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	•	Office held		
PAYMENT	(a) Amount Charged \$152.10	(b) Date of Charge 03/19/2025	(c) Date(s) C 03/25/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Avis Rent Car		(b) Payee ad 6 Sylvan W Parsippany	'ay	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Rental car	on expense-Austir	1		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 6/15 Rpt: 25/50	Smithee, John T. (T	he Honorable)			00020664		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$335.03	(b) Date of Charge 04/03/2025	(c) Date(s) 04/04/20) Credit Card Issuer 125	Paid		
7 PAYEE	(a) Payee name Cort Furniture Rent	al		search Blvd. #C	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		Austin, T (b) Descrip				
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent			partment furniture	rental		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		X Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$54.21	(b) Date of Charge 04/03/2025	(c) Date(s) 04/04/20) Credit Card Issuer 125	Paid		
PAYEE	PAYEE (a) Payee name (b) Payee address;				City,	State,	Zip Code
	Avis Rent Car		6 Sylvan	Way			
			Parsippa	ny, NJ 07504			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri	otion ar expense-Austir	1		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>I</u>	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$108.42	(b) Date of Charge 04/01/2025	(c) Date(s) 04/04/20) Credit Card Issuer 125	Paid		
PAYEE	(a) Payee name Avis Rent Car		(b) Payee 6 Sylvan Parsippa	·	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		1		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commis	sion Filers)		
	Sch: 7/15 Rpt: 26/50	Smithee, John T. (1	The Honorable)				00020664				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	DI.	UNITEMIZED TURES TO A CREDIT	\$				
				CARD		S TO A CILEDIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid				
		\$186.83	03/27/2025	04/04/20	25	i					
7	PAYEE	(a) Payee name		(b) Payee	ad	dress;	City,	State,	Zip Code		
		Avis Rent Car		6 Sylvan	W	ay					
L					_	, NJ 07504					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip							
	X Political	Travel Out of District	of this solication	Rental ca	ar e	expense-Austir	1				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held				
e	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid				
		\$271.04	04/11/2025	04/21/2025							
	PAYEE (a) Payee name (b) Payee address;					dress;	City,	State,	Zip Code		
		Avis Rent Car		6 Sylvan	W	ay					
				Parsippa	ny	, NJ 07504					
	PURPOSE OF	(a) Category	7 11. 1 1 1 1	(b) Descrip							
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	or this schedule)	Rental ca	ar e	expense-Austir	1				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Ē	Check if Austin, TX,	officeholder living expe	ense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_		Office held				
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	` ' ' '		redit Card Issuer	Paid				
		\$271.04	04/17/2025	04/21/20	25	•					
	PAYEE	(a) Payee name	ı	(b) Payee	ad	dress;	City,	State,	Zip Code		
				6 Sylvan	W	ay					
	Avis Rent Car										
Parsippany, NJ 07504											
	PURPOSE OF	(a) Category	of this cobodule)	(b) Descrip							
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this scriedule)	Rental ca	ar e	expense-Austir	1				
	X Political										
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held				
e	xpenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	uction Guide explains how	to complete thi	s form.		.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 8/15 Rpt: 27/50	Smithee, John T. (T	he Honorable)			00020664		
4 CREDIT CARD ISSUER		ncial institution evious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$155.12	(b) Date of Charge 04/18/2025	(c) Date(s) C 04/21/2025	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name National Rental Car			rtin L King Blvd	City,	State,	Zip Code
	() -		Lubbock, T				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top or Travel Out of District	of this schedule)	(b) Description	on expense-Lubbo	ock		
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$66.79	(b) Date of Charge 06/02/2025	(c) Date(s) C 06/11/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Avis Rent Car		(b) Payee ad 6 Sylvan W	'ay	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	Parsippany (b) Description Rental car		con		
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	nense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	T Check in Adding 174	Office held		
PAYMENT	(a) Amount Charged \$384.55	(b) Date of Charge 06/01/2025	(c) Date(s) C 06/11/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Avis Rent Car		(b) Payee ad 6 Sylvan W Parsippany	'ay	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	(b) Description	on expense-Austir	1		
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
						· <u> </u>	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 9/15 Rpt: 28/50	Smithee, John T. (T	he Honorable)			00020664		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$724.75	(b) Date of Charge 06/02/2025	(c) Date(s) 06/11/20	Credit Card Issue 25	r Paid		
7 PAYEE	(a) Payee name United Airlines		(b) Payee 233 S Wa Chicago,	acker Drive	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip		bill signing		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$529.00	(b) Date of Charge 05/29/2025	(c) Date(s) 06/11/20	Credit Card Issue 25	r Paid		
PAYEE	(a) Payee name Ruth Chris Steakho	use	(b) Payee 107 W 6t Austin, T	h Street	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip		staff and inter	าร	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$324.75	(b) Date of Charge 04/30/2025	(c) Date(s) 06/11/20	Credit Card Issue 25	r Paid		
PAYEE	(a) Payee name Yellow Rose		(b) Payee 1700 S C Austin, T	congress Avenue	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	s Expense	(b) Descrip End-of-se	otion ession gifts for co	ommittee, office	e staff, an	d interns
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
l							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 10/15 Rpt: 29/50	Smithee, John T. (1	he Honorable)			00020664		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZE DITURES ED TO A CRED	\$		
6	PAYMENT	(a) Amount Charged \$63.00	(b) Date of Charge 05/23/2025	(c) Date(s) 06/11/20	Credit Card Issi 25	uer Paid		
7	PAYEE	(a) Payee name ABIA Parking		(b) Payee 3600 Pre Austin, T	sidential Blvd	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin,	TX, officeholder living e	xpense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$24.57	(b) Date of Charge 06/03/2025	(c) Date(s) 06/11/20	Credit Card Issi 25	uer Paid		
	PAYEE	(a) Payee name Pappas Barbeque-I	Houston	(b) Payee 7050 I-45	•	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip Meal in H	otion			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin,	TX, officeholder living e	xpense	
ے	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$335.83	(b) Date of Charge 06/03/2025	(c) Date(s) 06/11/20	Credit Card Issu 25	uer Paid		
	PAYEE	(a) Payee name Cort Furniture Rent	al	(b) Payee 8940 Res Austin, T	search Blvd. #0	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Austin ap	eartment furnitu			
lacksquare	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0.001:26+	X Check if Austin,	TX, officeholder living e	xpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
I								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 11/15 Rpt: 30/50	Smithee, John T. (7	Γhe Honorable)		00020664						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$335.83	(b) Date of Charge 05/03/2025	(c) Date(s) Credit Card Issue 06/11/2025	r Paid						
7 PAYEE	(a) Payee name Cort Furniture Rent	tal	(b) Payee address; 8940 Research Blvd. #C	City,	State,	Zip Code				
a Bubboos os	(a) Catagoni		Austin, TX 78758							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Austin apartment furniture	e rental						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	\$582.10 05/16/2025 06/11/2025			r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Avis Rent Car		6 Sylvan Way							
			Parsippany, NJ 07504							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Rental car expense-Austin	า						
Non-Political	(a) Chook if troughoutside	of Texas. Complete Schedule T.	Chapte if Augustin TV	office bolder living even						
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u>'</u>	e sought	Office held	ense					
expenditure to benefit C/OH		Tiame one	o oodgiit	Gilloo ficia						
PAYMENT	(a) Amount Charged \$283.08	(b) Date of Charge 05/10/2025	(c) Date(s) Credit Card Issue 06/11/2025	r Paid						
PAYEE	(a) Payee name Avis Rent Car		(b) Payee address; 6 Sylvan Way Parsippany, NJ 07504	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Rental car exp				1						
Non-Political	1 17 L	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

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

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

		The Inst	ruction Guide explains how	to complete this form.	, ,	•	,
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 12/15 Rpt: 31/50	Smithee, John T. (1	Γhe Honorable)		00020664		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$293.50	05/02/2025	06/11/2025			
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Avis Rent Car		6 Sylvan Way			
L				Parsippany, NJ 07504			
8	PURPOSE OF	(a) Category	(d: 1 11)	(b) Description			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Rental car expense-Austi	n		
	X Political						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
е	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1			
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
е	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Political						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1			
е	Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 13/15 Rpt: 32/50	Smithee, John T. (1	The Honorable)			00020664		
4	CREDIT CARD ISSUER		ncial institution nk Card	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$288.64	(b) Date of Charge 03/13/2025	(c) Date(s 04/21/20) Credit Card Issue)25	r Paid		
7	PAYEE	(a) Payee name Tacodeli		(b) Payee 301 Con Austin, T	gress	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descri		idence Commi	itee	
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$267.07	(b) Date of Charge 03/18/2025	(c) Date(s 04/21/20) Credit Card Issue)25	r Paid		
	PAYEE	(a) Payee name Jimmy John's		(b) Payee 515 Con Suite 120 Austin, T	gress Avenue 00	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri Meal for	ption Criminal Jurispru	idence Commi	ttee	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$221.80	(b) Date of Charge 03/25/2025	(c) Date(s) 04/21/20) Credit Card Issue)25	r Paid		
	PAYEE	(a) Payee name Modern Market		(b) Payee 401 Con Austin, T	gress Avenue	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descri Meal for	Committee	office below P.		
L	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e souyni		Onice Helu		
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* · · · · · · · · · · · · · · · · · · ·	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 14/15 Rpt: 33/50	Smithee, John T. (1	The Honorable)			00020664		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$216.83	(b) Date of Charge 04/26/2025	(c) Date(s) 04/27/20) Credit Card Issuer)25	Paid		
7	PAYEE	(a) Payee name Avis Rent Car		(b) Payee 6 Sylvan	Way	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri	ny, NJ 07504 ption ar expense-Austir	1		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$156.64	(b) Date of Charge 04/17/2025	(c) Date(s) 06/11/20) Credit Card Issuer)25	Paid		
	PAYEE	(a) Payee name Austin Land & Cattl	e		rth Lamar Blvd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Austin, T (b) Description				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$72.57	(b) Date of Charge 04/29/2025	(c) Date(s) 06/11/20) Credit Card Issuer)25	Paid		
	PAYEE	(a) Payee name Sweetwaters Coffee	e & Tea	(b) Payee 316 Wes Austin, T	t 12th Street	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Coffee fo	ption or Criminal Jurispi	rudence Comm	iittee	
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	e this form.	(4 4. 4	,,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 15/15 Rpt: 34/50	Smithee, John T. (1	The Honorable)			00020664		
4	CREDIT CARD ISSUER		ncial institution revious	EXPE	L OF UNITEMIZED NDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		s) Credit Card Issue	r Paid		
		\$230.58	04/30/2025	06/11/2	025			
7	PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code
		Austin Land & Cattl	е	1205 No	orth Lamar Blvd			
L				Austin,	TX 78703			
8	PURPOSE OF	(a) Category		(b) Desci	•			
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		In-office	dinner for staff			
l	X Political	- r ood, Bovorago Expor						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	, officeholder living e	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	, ,	s) Credit Card Issue	r Paid		
		\$279.62 04/23/2025 06/11/2025						
Н	PAYEE (a) Payee name (b) Payee address;			e address;	City,	State,	Zip Code	
		Via 313 Pizza		600 W.	6th Street			
				Austin,	TX 78701			
Г	PURPOSE OF	(a) Category		(b) Desci				
	EXPENDITURE	(See Categories listed at the top		Meal for	r Criminal Jurispru	udence Comm	nittee	
	X Political	Food/Beverage Expe	nse					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living e	expense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		s) Credit Card Issue	r Paid		
		\$236.70	04/15/2025	06/11/2	025			
H	PAYEE	(a) Payee name	l	(b) Paye	e address;	City,	State,	Zip Code
l				1404 S.	1st Street			
l		Snarf's Sandwiches	5					
				Austin,	TX 78704			
PURPOSE OF (a) Category				(b) Desci				
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Meal for	r Criminal Jurispru	ıdence Comm	nittee		
X Political								
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living e	expense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	penditure to benefit C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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		Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a cal	ct tegory not listed above)	
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethi	ics Commission Filers)	
	Sch: 1/15 Rpt: 35/50	Smithee,	, John T. (The Honorable)			00020664		
4	Date	5 Payee na	me					
	05/23/2025	ABIA Pa	rking ————					
6		7 Payee ad	dress; City; State	e; Zip Co	ode			
	\$63.00	3600 Pre	esidential Blvd					
	Reimbursement from political contributions intended	Austin, T	X 78719					
8	PURPOSE	(a) Category	(See Categories listed at the top of this so	hedule)	(b) Description	₫	of Texas. Complete Schedule T.	
	OF EXPENDITURE	Travel O	ut of District		[_	ficeholder living expense	
					Austin airport pa	rking		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	iceholder name		Office sought	Offi	ce held	
	Date	Payee na	me					
L	04/17/2025	Austin La	and & Cattle					
	Amount (\$)	Payee ad	dress; City; State	e; Zip Co	ode			
	\$156.64	1205 No	rth Lamar Blvd					
	Reimbursement from political contributions intended	Austin, T	X 78703					
	PURPOSE OF		(See Categories listed at the top of this so	:hedule)	Description	⊒	of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Be	verage Expense		Check if Austin, TX, officeholder living expense In-office dinner for staff			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	iceholder name		Office sought	Offi	ce held	
	Date	Payee na	me					
	04/30/2025	1 1	and & Cattle					
	Amount (\$)	Payee ad	dress; City; State	e; Zip Co	ode			
	\$230.58	l 1	rth Lamar Blvd					
	Reimbursement from political contributions intended	Austin, T	X 78703					
	PURPOSE	Category	(See Categories listed at the top of this so	hedule)	Description	⊒	of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Be	verage Expense			-	ficeholder living expense	
					In-office dinner fo	or staff		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	iceholder name		Office sought	Offi	ce held	
_								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense			xpense xpense Vages/Contract Labor		Transporta Travel in D Travel Out	
1	Total pages Schedule G:	2 FILEF	NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 2/15 Rpt: 36/50	l	nee, John T. (The Honorable)			l	000206	,
4	Date	5 Paye	name					
	01/04/2025	Avis	Rent Car					
6	Amount (\$)	7 Paye	e address; City; Sta	ate; Zip Co	ode			
	\$85.07	6 Syl	van Way					
	Reimbursement from political contributions intended	Parsi	ppany, NJ 07504					
8	PURPOSE	(a) Cateo	Ory (See Categories listed at the top of this	schedule)	(b) Description	Che	eck if travel	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Trave	el Out of District			Che	eck if Austir	n, TX, officeholder living expense
	EXPENDITORE				Rental car expen	se-	Austin	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/Officeholder name		Office sought			Office held
	Date	Paye	e name					
	02/06/2025	Avis	Rent Car					
	Amount (\$)	Paye	address; City; Sta	ate; Zip Co	ode			
	\$106.88	l *	van Way					
	Reimbursement from political contributions intended		ppany, NJ 07504					
	PURPOSE	Cateo	Ory (See Categories listed at the top of this	schedule)	Description	Che	eck if travel	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Trave	el Out of District			_		n, TX, officeholder living expense
	-				Rental car expen	se-	Austin	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate	/Officeholder name		Office sought			Office held
	Date	Paye	e name					
	01/29/2025	Avis	Rent Car					
	Amount (\$)	Paye	address; City; Sta	ate; Zip Co	ode			
	\$106.25	l '	van Way					
	Reimbursement from	_	•					
	X political contributions intended	Parsi	ppany, NJ 07504					
	PURPOSE	Categ	Ory (See Categories listed at the top of this	schedule)	Description	=		I outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Trave	el Out of District		L	_		n, TX, officeholder living expense
					Rental car expen	ise-A	Austin	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate	/Officeholder name		Office sought			Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor		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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 37/50		Smithee, John T. (The Honorable)				00020664
4	Date	5	Payee name				
	01/23/2025		Avis Rent Car				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$53.12		6 Sylvan Way				
	Reimbursement from political contributions intended		Parsippany, NJ 07504				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			CI	heck if Austin, TX, officeholder living expense
	LAFLINDITORE				Rental car expen	se-	-Austin
9	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	02/27/2025		Avis Rent Car				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$183.49		6 Sylvan Way				
	Reimbursement from political contributions intended		Parsippany, NJ 07504				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District		Rental car expen	_	heck if Austin, TX, officeholder living expense -Austin
	Operation ONLY & Street		distant (Office Includes a second		Office a secondar		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Oπicenoider name		Office sought		Office held
	Date		Payee name				
	03/07/2025		Avis Rent Car				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$202.46	ı	6 Sylvan Way				
	Reimbursement from						
	X political contributions intended		Parsippany, NJ 07504				
	PURPOSE		Category (See Categories listed at the top of this scheen	dule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District		L	_	heck if Austin, TX, officeholder living expense
					Rental car expen	se-	-Austin
	Complete ONLY if direct	L Can	didate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH	Jan	assate, Silveriolaer Harrie		Smoo sought		Silled Held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Nages/Contract Labor		Travel in Di	
			The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME	Ξ			3	Filer ID	(Ethics Commission Filers)
	Sch: 4/15 Rpt: 38/50	Smithee, Jo	ohn T. (The Honorable)				000206	64
4	Date	5 Payee name				•		
	02/19/2025	Avis Rent C						
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$122.56	6 Sylvan W	•					
	Reimbursement from		,					
	x political contributions intended	Parsippany	, NJ 07504					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel	outside of Texas. Complete Schedule T.
	OF	Travel Out	of District			Ch	eck if Austin	n, TX, officeholder living expense
	EXPENDITURE Rental car expe					ise-	Austin	
9	Complete ONLY if direct expenditure to benefit	L Candidate/Office	holder name		Office sought			Office held
	C/OH							
	Date	Payee name						
	02/13/2025	Avis Rent C	Car					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$193.93	6 Sylvan W	av					
	Reimbursement from	,	,					
	political contributions intended	Parsippany	, NJ 07504					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Ch	eck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District			Ch	eck if Austin	n, TX, officeholder living expense
	EXI ENDITORE				Rental car expen	ise-	Austin	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	C/On							
	Date	Payee name						
	03/13/2025	Avis Rent C	Car					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$162.63	6 Sylvan W						
	Reimbursement from	,	,					
	y political contributions intended	Parsippany	, NJ 07504					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	_		outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District			Ch	eck if Austin	n, TX, officeholder living expense
					Rental car expen	ıse-	Austin	
	expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Constibutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Po y - Gift/Awards/Memorials Expense Pr al Committee Legal Services Sa	illing Expense inting Expense laries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how	v to complete this form.	
1	Total pages Schedule G: Sch: 5/15 Rpt: 39/50	2 FILER NAME Smithee, John T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020664
_	•	· · ·		
4	Date 03/19/2025	5 Payee name Avis Rent Car		
6	Amount (\$)	7 Payee address; City; State; Z	ip Code	
	\$152.10	6 Sylvan Way		
	Reimbursement from			
	X political contributions intended	Parsippany, NJ 07504		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of District	L	Check if Austin, TX, officeholder living expense
			Rental car expen	se-Austin
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	04/03/2025	Avis Rent Car		
_	Amount (\$)	Payee address; City; State; Z	in Code	
	\$54.21	6 Sylvan Way	ip code	
		0 Sylvan way		
	Reimbursement from political contributions			
	intended	Parsippany, NJ 07504		
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
			Rental car expen	se-Austin
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	04/01/2025	Avis Rent Car		
	Amount (\$)	Payee address; City; State; Z	ip Code	
	\$108.42	6 Sylvan Way		
	Reimbursement from			
	political contributions intended	Parsippany, NJ 07504		
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
			Rental car expen	se-Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment 1 Total pages Schedule G: 2			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 6/15 Rpt: 40/50		Smithee, John T. (The Honorable)				00020664
4	Date 03/27/2025	5	Payee name Avis Rent Car				
6	Amount (\$) \$186.83	7	Payee address; City; State; 6 Sylvan Way	Zip Co	ode		
	X political contributions intended		Parsippany, NJ 07504				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	╛	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Travel Out of District		Rental car expen	_	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	04/11/2025		Avis Rent Car				
	Amount (\$)			Zip Co	ode		
	\$271.04		6 Sylvan Way				
	Reimbursement from political contributions intended		Parsippany, NJ 07504				
	PURPOSE OF		Category (See Categories listed at the top of this school	edule)	Description	⊒ .	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Travel Out of District		Rental car expen	_	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 04/17/2025		Payee name Avis Rent Car				
	Amount (\$) \$271.04		Payee address; City; State; 6 Sylvan Way	Zip Co	ode		
	Reimbursement from political contributions intended		Parsippany, NJ 07504				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Travel Out of District	edule)	Description Rental car expen	Cr	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE G

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		mmittee	Legal Se				Nages/Co	ontract Labor			R (enter		not listed al	bove)	
		_			struction Gui	ue expiairis	now to co	ompiete	e unis iorm.							_
1	Total pages Schedule G:	2	FILER NAME	Ξ						3	Filer	ID (Ethics C	ommissio	on Filers)	
	Sch: 7/15 Rpt: 41/50		Smithee, Jo	ohn T.	(The Hono	rable)					0002	20664				
4	Date	5	Payee name													
	04/26/2025		Avis Rent C	Car												
6	Amount (\$)	7	Payee addre	SS'	City;	State	Zip Co	nde								-
	\$216.83		6 Sylvan W	•	,,		, _,, -,,									
			o Sylvan VV	шу												
	Reimbursement from political contributions intended		Parsippany	, NJ 0 ⁻	7504											
8	PURPOSE	(a)	Category (Se	ee Categ	ories listed at the	top of this sch	edule)	(b) D	escription		Check if tr	ravel out	side of Tex	as. Comple	ete Schedule 1	ī.
	OF		Travel Out	of Dist	rict						Check if A	Austin, T	X, officehol	der living ex	pense	
	EXPENDITURE							Renta	al car exp	ense	-Austi	in				
9	Complete ONLY if direct	Cai	ndidate/Officel	holder	name			L Of	ffice sough	ıt			Office h	eld		-
	expenditure to benefit C/OH	<u> </u>	naidate/Onicei	noider i	Tidine			0.	mee sough							
	Date		Payee name													_
	06/02/2025		Avis Rent C	Car												
	Amount (\$)		Payee addre	SS;	City;	State:	; Zip Co	ode								
	\$66.79		6 Sylvan W	ay												
	Reimbursement from		•	•												
	political contributions intended		Parsippany	, NJ 0	7504											
	PURPOSE	┝	Category (Se	on Catori	orios listad at the	top of this sch	odulo)		Description	П	heck if tr	ravel out	side of Tex	as Comple	ete Schedule 1	_
	OF		,	_		top of this scri	edule)		Cocription					der living ex		•
	EXPENDITURE		Travel Out	טו טואנ	rict			Dont	al car exp	ш				· ·		
								Kent	ai cai exp	Jense	-Ausu					
																_
	Complete <u>ONLY</u> if direct expenditure to benefit	Cai	ndidate/Officel	holder	name			Of	ffice sough	it			Office h	eld		
	C/OH															
		_														=
	Date		Payee name													
	06/01/2025		Avis Rent C	Car												
	Amount (\$)	Г	Payee addre	ss;	City;	State;	; Zip Co	ode								_
	\$384.55		6 Sylvan W	ay												
	Reimbursement from		•	•												
	political contributions intended		Parsippany	, NJ 0	7504											
	PURPOSE	Γ	Category (Se	ee Categ	ories listed at the	top of this sch	edule)	D	escription		Check if tr	ravel out	side of Tex	as. Comple	ete Schedule 1	ſ.
	OF		Travel Out	of Dist	rict						Check if A	Austin, T	X, officehol	der living ex	pense	
	EXPENDITURE		-	-				Renta	al car exp	ense	-Austi	in				
	Complete ONLY if direct	Car	ndidate/Officel	holdor	name			l	ffice sough	ıt			Office h	ald		_
	expenditure to benefit	Jai	naluale/Officel	i ioiuei I	IMITE			Oi	mee sough				Onice III	ciu		
	C/OH															
																_

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling I / - Gift/Awards/Memorials Expense Printing	overhead/Rental Expense Expense Expense SWages/Contract Labor	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 o	complete this form.				
1	Total pages Schedule G:	2 FILER NAME	Ţ	3 Filer ID (Ethics Commission Filers)			
	Sch: 8/15 Rpt: 42/50	Smithee, John T. (The Honorable)		00020664			
4	Date	5 Payee name					
	05/16/2025	Avis Rent Car					
6	Amount (\$)	7 Payee address; City; State; Zip C	Code				
	\$582.10	6 Sylvan Way					
	Reimbursement from						
	political contributions intended	Parsippany, NJ 07504					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense			
	- -		Rental car expens	se-Austin			
L							
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						
	Date	Payee name					
	05/10/2025	Avis Rent Car					
	Amount (\$)	Payee address; City; State; Zip C	Code				
	\$283.08	6 Sylvan Way					
	Reimbursement from						
	political contributions intended	Parsippany, NJ 07504					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense			
			Rental car expens	se-Austin			
	Complete ONLY 4 diversal	Candidate/Officeholder same	Office country	Office hold			
	expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						
	Date	Payee name					
	05/02/2025	Avis Rent Car					
	Amount (\$)	Payee address; City; State; Zip C	Code				
	\$293.50	6 Sylvan Way					
	Reimbursement from political contributions						
	intended	Parsippany, NJ 07504					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Travel Out of District	Dental -	Check if Austin, TX, officeholder living expense			
			Rental car expens	se-Ausun			
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit	Sandidate/Officeriolder Haiffe	Onice Sought	Office field			
	C/OH						
_							

SCHEDULE G

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor omplete this form.		OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Sch: 9/15 Rpt: 43/50		Smithee, John T. (The Honorable)			00020664			
4	Date	5	Payee name						
	01/03/2025		Cort Furniture Rental						
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode					
	\$330.16		8940 Research Blvd. #C						
	Reimbursement from								
	X political contributions intended		Austin, TX 78758						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	₫ .	neck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense	<u> X</u>	-	neck if Austin, TX, officeholder living expense			
				Austin apartment	ent furniture rental				
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit	Jui		255 55dg/it		255514			
	C/OH								
	Date		Payee name						
	02/03/2025		Cort Furniture Rental						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$330.16		8940 Research Blvd. #C						
	Reimbursement from								
	X political contributions intended		Austin, TX 78758						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	_	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Office Overhead/Rental Expense	X Check if Austin, TX, officeholder living expense					
				Austin apartment	fui	rniture rental			
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held			
	C/OH								
	Date	Г	Payee name						
	03/03/2025		Cort Furniture Rental						
	Amount (\$)	\vdash	Payee address; City; State; Zip Co	ode					
	\$335.03		8940 Research Blvd. #C						
	Reimbursement from								
	political contributions intended		Austin, TX 78758						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	_	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Office Overhead/Rental Expense	X	CI	heck if Austin, TX, officeholder living expense			
				Austin apartment	fui	rniture rental			
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held			
	C/OH								

SCHEDULE G

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 Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Printing Expense Travel Out of District OTHER (enter a category not listed above) Explains how to complete this form.
1 Total pages Schedule G: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/15 Rpt: 44/50 Smithee, John T. (The Honorab	,
·	00020004
4 Date 5 Payee name	
04/03/2025 Cort Furniture Rental	
6 Amount (\$) 7 Payee address; City;	State; Zip Code
\$335.03 8940 Research Blvd. #C	
Reimbursement from	
political contributions intended Austin, TX 78758	
8 PURPOSE (a) Category (See Categories listed at the top	of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
OF Office Overhead/Rental Expens	
EXPENDITURE Office Overflead/Normal Expens	Austin apartment furniture rental
9 Complete ONLY if direct Candidate/Officeholder name	Office sought Office held
expenditure to benefit	
C/OH	
Date Payee name	
06/03/2025 Cort Furniture Rental	
Amount (\$) Payee address; City;	State; Zip Code
\$335.83 8940 Research Blvd. #C	
Reimbursement from	
political contributions intended Austin, TX 78758	
PURPOSE Category (See Categories listed at the top	
EXPENDITURE Office Overhead/Rental Expens	
	Austin apartment furniture rental
Complete <u>ONLY</u> if direct Candidate/Officeholder name expenditure to benefit	Office sought Office held
C/OH	
Date Pavee name	
Date Payee name 05/03/2025 Cort Furniture Rental	
Amount (\$) Payee address; City;	State; Zip Code
\$335.83 8940 Research Blvd. #C	
Reimbursement from political contributions	
Austin, TX 78758	
PURPOSE Category (See Categories listed at the top	
OF EXPENDITURE Office Overhead/Rental Expens	
	Austin apartment furniture rental
Complete ONLY if direct Candidate/Officeholder name	Office sought Office held
expenditure to benefit C/OH	

SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor		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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 45/50		Smithee, John T. (The Honorable)				00020664
4	Date	5	Payee name				
	03/18/2025		Jimmy John's				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$267.07		515 Congress Avenue				
	Reimbursement from		Suite 1200				
	X political contributions intended		Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	₫ .	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		<u></u>	_	heck if Austin, TX, officeholder living expense
					Meal for Criminal	Ju	risprudence Committee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	03/25/2025		Modern Market				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$221.80		401 Congress Avenue				
	Reimbursement from political contributions intended		Austin, TX 78701				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			С	heck if Austin, TX, officeholder living expense
					Meal for Criminal	Ju	rrisprudence Committee
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	04/18/2025		National Rental Car				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$155.12		5401 N Martin L King Blvd				
	Reimbursement from						
	X political contributions intended		Lubbock, TX 79403				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District		L	_	heck if Austin, TX, officeholder living expense
	-				Rental car expen	se	-LBB to AMA
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH	Jai	MIGGEO O MOCHOLIGE HATHE		Omice adugni		Onice Held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries.	Wages/Contract Labor		OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to o	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Sch: 12/15 Rpt: 46/50		Smithee, John T. (The Honorable)			00020664	
4	Date	5	Payee name	•			
	06/03/2025		Pappas Barbeque-Houston				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			_
	\$24.57		7050 I-45				
	Reimbursement from						
	political contributions intended		Houston, TX 77087				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	1 c	theck if travel outside of Texas. Complete Schedule T.	_
Ū	OF	(")	Food/Beverage Expense		=	check if Austin, TX, officeholder living expense	
	EXPENDITURE		. ood, zorolago zaponeo	Meal in Houston	– for	bill signing	
						-	
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held	_
	expenditure to benefit			-			
	C/OH						
	Date		Payee name				
	05/29/2025		Ruth Chris Steakhouse				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$529.00		107 W 6th Street				
	Reimbursement from						
	political contributions intended		Austin, TX 78701				
	PURPOSE	H	Category (See Categories listed at the top of this schedule)	Description	C	check if travel outside of Texas. Complete Schedule T.	_
	OF EXPENDITURE		Food/Beverage Expense		c	check if Austin, TX, officeholder living expense	
	LAFLINDITORL			End-of-session di	inn	ner for staff and interns	
		Cai	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
	Date	_					=
	Date 04/15/2025		Payee name Snarf's Sandwiches				
		L					_
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$236.70		1404 S. 1st Street				
	X Reimbursement from political contributions						
	intended	L	Austin, TX 78704				_
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	_	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Food/Beverage Expense	Mool for Criminal	_		
				Mear for Criminal	JU	urisprudence Committee	
	Complete ONI V if direct		adidata/Officahaldar nama	Office sought		Office hold	_
	Complete ONLY if direct expenditure to benefit	Cal	ndidate/Officeholder name	Office sought		Office held	
	C/OH						
							_

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Credit Card Payment		Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printin	Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	orean oura'r aymen	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/15 Rpt: 47/50	Smithee, John T. (The Honorable)		00020664
4	Date 04/29/2025	5 Payee name Sweetwaters Coffee & Tea		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$72.57	316 West 12th Street	Couc	
	X Reimbursement from political contributions intended	Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	EXPENDITORE		Coffee for Crimin	al Jurisprudence Committee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	01/26/2025	Tacodeli		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$212.71	301 Congress		
	X Reimbursement from political contributions intended	Austin, TX 78701		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
			Food for Capitol (office guests
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	03/13/2025	Tacodeli		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$288.64	301 Congress		
	X Reimbursement from political contributions intended	Austin, TX 78701		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	EXI ENDITORE		Meal for Criminal	Jurisprudence Committee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		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 G:	2 FILE	R NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 14/15 Rpt: 48/50	l	thee, John T. (The Honorable)				00020664				
4	Date	5 Paye	ee name								
	01/13/2025	Tiff's	s Treats Cookie Delivery								
6	Amount (\$)	7 Paye	ee address; City; Sta	ate; Zip Co	ode						
	\$123.16	180	6 Nueces Street								
	Reimbursement from political contributions intended	Aus	tin, TX 78701								
8	PURPOSE	(a) Cate	egory (See Categories listed at the top of this	schedule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Foo	d/Beverage Expense			Cl	heck if Austin, TX, officeholder living expense				
	LA LIBITORE				Food for Capitol	offi	ce guests				
9	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder name		Office sought		Office held				
Г	Date	Paye	ee name								
	06/02/2025	Unit	ed Airlines								
Г	Amount (\$)	Paye	ee address; City; Sta	ate; Zip Co	ode						
	\$724.75	233	S Wacker Drive								
	Reimbursement from political contributions intended	Chio	cago, IL 60606								
	PURPOSE	Cate	egory (See Categories listed at the top of this	schedule)	Description	Cl	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Trav	el Out of District			CI	heck if Austin, TX, officeholder living expense				
	EXI ENDITORE				Airfare-AMA-IAH	re-AMA-IAH-AMA for bill signing					
	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder name		Office sought		Office held				
Г	Date	Paye	ee name								
	04/23/2025	Via	313 Pizza								
Г	Amount (\$)	Paye	ee address; City; Sta	ate; Zip Co	ode						
	\$279.62	600	W. 6th Street								
	Reimbursement from										
	X political contributions intended	Aus	tin, TX 78701								
	PURPOSE	Cate	egory (See Categories listed at the top of this	schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Foo	d/Beverage Expense		L	_	heck if Austin, TX, officeholder living expense				
					Meal for Criminal	l Ju	risprudence Committee				
	Complete ONLY if direct expenditure to benefit C/OH	L Candida	te/Officeholder name		Office sought		Office held				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 15/15 Rpt: 49/50 Smithee, John T. (The Honorable) 00020664 Date Payee name 04/30/2025 Yellow Rose 6 Amount (\$) Payee address; City; State; Zip Code \$324.75 1700 S Congress Avenue Reimbursement from political contributions intended Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** End-of-session gifts for committee, office staff, and interns Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

TEXT ANNOTATION Sch: 1/1 Rpt: 50/50 FILER NAME Smithee, John T. (The Honorable) Schedule Cover Sheet

Information entered by filer as a memo:

TEC as to a proper disposition of those funds.

EXPLANATORY NOTES

On or about 1-7-25, I received and reviewed my December 2024 campaign/officeholder checking statement. For the first time, I discovered that Win Red had made a transfer to my campaign account on Dec. 16, 2024, in the amount of \$9,606.00. My understanding is that Win Red is a Republican organization that facilitates individuals who wish to contribute to Republican candidates. Win Red had not previously notified me of the contribution, or provided information regarding the contributor or the date. I immediately attempted on January 7 to contact Win Red by email and phone. In both cases I reached an automated system that told me that someone would get back to me in three business days. However, since that time I have received no response from Win Red. I later sent a message to Win Red through its web site, asking for the name and address of the source of the funds and the date the transfer was made. I received no response. Again, on January 10, 2025, I attempted to call Win Red at the telephone number on their website, but received no response. The same day, I contacted the Ethics Commission for advice on how to handle and report the funds. I spoke with Seth Smith, who advised that the funds could be transferred to an account, separate from my campaign account until the matter was resolved. I did as advised, and on January 13 deposited the funds into a separate account at Amarillo National Bank, and so reported by note on my January 15, 2025 COH. The exact sum of \$9,606 remains in that separate account as of now. On January 21, 2025, I once again attempted to communicate with Win Red thru their web site and sent email to donations@winred. com. I asked for a response ASAP, I received no response. On February 10, 2025, I sent a letter to Win Red by certified mail, I received no return green card and no response to my letter. Again, on June 24, 2025, I sent message through the Win Red web site, leaving my left name and email address, but received no response. I followed up with another certified letter on June 26 addressed to

2. In paying credit card companies, I made addition and transcription errors totaling \$6.79, which were not discovered until after the close of the reporting period. In other words, I underpaid credit card companies \$6.79 for reported expenditures. I reconciled the difference by making payment of the balance to credit card companies after the close of the reporting period. The expenditures themselves are reported in the correct amount.

the address on their website: Win Red Technical Services, LLC, 4250 Fairfax Dr., Arlington, VA 22203. Again, as of the COH filing deadline, I have received no response. My July 15, 2025 COH reports as an expenditure, the deposit of those funds into the separate non-interest bearing account at Amarillo National Bank. The funds remain in the account. I intend to request a formal opinion from

3. I reimbursed a staff member for expenses in the amount of \$318.79 by check dated June 20, 2024. The check had not cleared the bank at the end of the reporting period. Therefore, reported as expenses during the reporting period, the payment is not reflected in the account balance as of the end of the reporting period.