

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

| | | | | | | | | | | | |
|--|---|---|---|--|---|--|--|----------------------------------|--|--|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00037644 | 2 Total pages filed: 8 | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Steven L.</td> <td style="width: 40%;">MI</td> </tr> </table> | | MS / MRS / MR The Honorable | FIRST Steven L. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/10/2026 | | | | | |
| | MS / MRS / MR The Honorable | FIRST Steven L. | MI | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Steve</td> <td style="width: 30%;">LAST Smith</td> <td style="width: 40%;">SUFFIX</td> </tr> </table> | | NICKNAME Steve | LAST Smith | SUFFIX | | | | | | | |
| NICKNAME Steve | LAST Smith | SUFFIX | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div> | | Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged | Receipt # | Amount | | | | | | |
| | Receipt # | Amount | | | | | | | | | |
| | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Rusleen</td> <td style="width: 40%;">MI</td> </tr> </table> | | MS / MRS / MR Mr. | FIRST Rusleen | MI | | | | | | |
| | MS / MRS / MR Mr. | FIRST Rusleen | MI | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Maurice</td> <td style="width: 40%;">SUFFIX</td> </tr> </table> | | NICKNAME | LAST Maurice | SUFFIX | | | | | | | |
| NICKNAME | LAST Maurice | SUFFIX | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div> | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div> | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 846-5232 | | | | | | | | | | |
| 8 REPORT TYPE | <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> | | | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
| <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | | | |
| 9 PERIOD COVERED | <table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>07/01/2025</td> <td>THROUGH</td> <td>12/31/2025</td> <td></td> </tr> </table> | | | Month Day Year | | Month Day Year | | 07/01/2025 | THROUGH | 12/31/2025 | |
| Month Day Year | | Month Day Year | | | | | | | | | |
| 07/01/2025 | THROUGH | 12/31/2025 | | | | | | | | | |
| 10 ELECTION | <table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | |
| ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) Court Of Appeals, Justice Place 3 District 10 | | 12 OFFICE SOUGHT (if known) | | | | | | | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 8

| | |
|--|---|
| 13 C / OH NAME Smith, Steven L. (The Honorable) | 14 Filer ID (Ethics Commission Filers) 00037644 |
|--|---|

| | | |
|---|--|--------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | |
|--------------------------------|--|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 469.63 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 18,730.15 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Steven L. Smith

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

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| | | | |
|--|--|---|-----------------|
| 18 FILER NAME Smith, Steven L. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00037644 | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ | |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 469.63 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 100.00 |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 33.82 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/8 | 2 FILER NAME Smith, Steven L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00037644 |
| 4 Date 09/07/2025 | 5 Payee name BCS Chamber of Commerce | |
| 6 Amount (\$) \$150.00 | 7 Payee address; City; State; Zip Code 1733 Briarcrest Drive Suite 200 Bryan, TX 77802 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/22/2025 | Payee name Cleburne Economic Development Foundation | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 1511 W Henderson Street Cleburne, TX 76031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/18/2025 | Payee name Genesis Marketing Group Limited | |
| Amount (\$) \$119.63 | Payee address; City; State; Zip Code 2 Warren Ave N Providence, RI 02911-2426 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 10th Court pins |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/8 | 2 FILER NAME Smith, Steven L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00037644 |
| 4 Date 09/17/2025 | 5 Payee name Limestone County Republican Women | |
| 6 Amount (\$) \$20.00 | 7 Payee address; City; State; Zip Code 301 E 8th Street Thornton, TX 76687 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/22/2025 | Payee name Robertson County Republican Party | |
| Amount (\$) \$60.00 | Payee address; City; State; Zip Code 116 South Magnolia Hearne, TX 77859 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense dinner |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/09/2025 | Payee name Robertson County Republican Women | |
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code Box 333 Franklin, TX 77856 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule I: Sch: 1/1 Rpt: 6/8 | 2 FILER NAME Smith, Steven L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00037644 |
| 4 Date 11/07/2025 | 5 Payee name Thomson Reuters Westlaw | |
| 6 Amount (\$) 100.00 | 7 Payee Address; City; State; Zip 2900 Ames Crossing Road Eagan, MN 55121 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) book purchase | (b) Description (See instructions regarding type of information required.) purchase of current Black's Law Dictionary |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 7/8 |
| 2 FILER NAME Smith, Steven L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00037644 |
| 4 Date 07/20/2025 | 5 Name of person from whom amount is received First Financial Bank | 8 Amount (\$) \$4.86 |
| | 6 Address of person from whom amount is received; City; State; Zip Code College Station, TX 77840 | |
| | 7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 08/18/2025 | Name of person from whom amount is received First Financial Bank | Amount (\$) \$5.92 |
| | Address of person from whom amount is received; City; State; Zip Code College Station, TX 77840 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 09/18/2025 | Name of person from whom amount is received First Financial Bank | Amount (\$) \$5.94 |
| | Address of person from whom amount is received; City; State; Zip Code College Station, TX 77840 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 10/20/2025 | Name of person from whom amount is received First Financial Bank | Amount (\$) \$6.89 |
| | Address of person from whom amount is received; City; State; Zip Code College Station, TX 77840 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 11/18/2025 | Name of person from whom amount is received First Financial Bank | Amount (\$) \$5.62 |
| | Address of person from whom amount is received; City; State; Zip Code College Station, TX 77840 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 2/2 Rpt: 8/8

2 FILER NAME

Smith, Steven L. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00037644

4 Date

12/18/2025

5 Name of person from whom amount is received

First Financial Bank

8 Amount (\$)

\$4.59

6 Address of person from whom amount is received; City; State; Zip Code

College Station, TX 77840

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer