

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Bridgette</i>	MI	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">JUL 15 2022</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
		NICKNAME	LAST <i>Smith-Lansun</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>5826 New Territory Blvd #810 Sugar Land, TX 77479</i>			
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(832) 276 2112</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Sabriya</i>	MI	
		NICKNAME	LAST <i>Gee</i>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5826 New Territory Blvd #810 Sugar Land, TX 77479</i>			
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(832) 373 6503</i>			
9 REPORT TYPE	<input 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 checked="" 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)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01 / 16 / 2022</i> <i>07 / 15 / 2022</i>			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		OFFICE HELD (if any) <i>Fort Bend County Attorney</i>	13 OFFICE SOUGHT (if known) <i>Fort Bend County Attorney</i>	
14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. 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		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

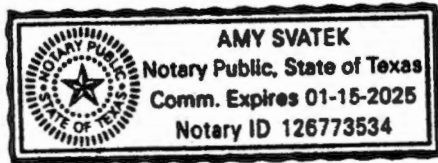
15 C/OH NAME <i>Bridgette Smith-Lawson</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>6,900⁰⁰</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>6,900⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,361.28</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2,298.49</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bridgette Smith-Lawson this the 15 day of July, 2020, to certify which, witness my hand and seal of office.

[Signature] _____ Printed name of officer administering oath _____ Title of officer administering oath Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Bridgette Smith-Lansun</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,900⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2,750⁰⁰</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4,361.08</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith-Lanson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/23/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Troy T. Carter</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>6183 Baron Hill Ln Sugarland TX 77479</i>		
8 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		9 Employer (See Instructions) <i>Self Employed</i>
Date <i>02/23/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Gibson for JP2</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>6307 Penhallow Lane Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>JP Judge</i>		Employer (See Instructions) <i>Fort Bend County</i>
Date <i>02/23/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yolanda Perry</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1463 Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Nusky's Fine Catering</i>
Date <i>02/23/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Maxine Dawkins</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>6831 River Bluff Houston TX 77085</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/23/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Bobrick</i>	7 Amount of contribution (\$) <i>\$50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>744 Brooks St. Apt 3107 Sugar Land TX 77476</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>02/23/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald C. Green</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>3757 Parkwood Dr. Houston TX 77021</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Jones Walker</i>

Date <i>02/23/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Reynolds Campaign</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>
Contributor address; City; State; Zip Code <i>6140 Hwy 6 South #233 Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>State Representative</i>		Employer (See Instructions) <i>State of Texas</i>

Date <i>02/23/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Grady Prestage Campaign</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 835 Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>Commissioner</i>		Employer (See Instructions) <i>Fort Bend County</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/16/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cris Feldman</i>	7 Amount of contribution (\$) <i>\$1,000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>3355 West Alabama, Suite 1220 Houston TX 77098</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self employed/Feldman Firm</i>
Date <i>08/20/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcia Johnson</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>
Contributor address; City; State; Zip Code <i>5314 Calhoun Road Houston TX 77021</i>		
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions) <i>Texas Southern University-TMSU</i>
Date <i>02/22/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Troy Pradria</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>1415 N. Loop West Suite 305 Houston TX 77006</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self employed/Cox Pradria Firm</i>
Date <i>02/23/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Albert Tibbs</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
Contributor address; City; State; Zip Code <i>4726 Pleasant Trail Fresno TX 93745</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith-Lanson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/23/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clive Markland</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2555 N. MacGregor Way Houston TX 77004</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self Employed / Markland Firm</i>
Date <i>02/23/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jermaine Thomas</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
Contributor address; City; State; Zip Code <i>16716 Wilsons Creek Lane Houston TX 77063</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>02/26/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shah Haleem</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
Contributor address; City; State; Zip Code <i>5815 Silkway Meadow Drive Katy TX 77494</i>		
Principal occupation / Job title (See Instructions) <i>Beatter / Broker</i>		Employer (See Instructions) <i>Self Employed</i>
Date <i>02/27/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Misty Robinson</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
Contributor address; City; State; Zip Code <i>23630 Centosa Drive Richmond TX 77406</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Bridgette Smith-Lanson</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>2,750⁰⁰</i>	
5 Date <i>02/23/2002</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Courtney Johnson Rose</i>	8 Amount of Contribution \$ <i>1,750⁰⁰</i>	9 In-kind contribution description <i>Food, music, venue for fundraiser event</i>
7 Contributor address; City; State; Zip Code <i>2700 Lake Olympia Pkwy Houston TX 77059</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Real Estate Broker</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>George Johnson Properties</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>02/23/2002</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Goodwill Pierre</i>	Amount of Contribution \$ <i>\$1,000</i>	In-kind contribution description <i>Food, music, venue for fundraiser event</i>
Contributor address; City; State; Zip Code <i>2100 Travis Street, Suite 370 Houston, TX 77002</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Attorney</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self employed / Goodwill Pierre LLC</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Bridgette Smith-Lowson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>03/11/2022</i>	5 Payee name <i>Ms Graciela Valverde</i>
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6 Amount (\$) <i>\$1,950.73</i>	7 Payee address; <i>11730 South Wilcrest</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77099</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>balance of printing/advertising expense signs</i>	(b) Description <i>expense balance for printing expense</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>03/08/2022</i>	Payee name <i>AIDS Foundation</i>
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Amount (\$) <i>\$107.70</i>	Payee address; <i>6260 Westpark Drive Suite 100</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77057</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donations made by Officeholder</i>	Description <i>donation to AIDS Foundation</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>04/02/2022</i>	Payee name <i>Texas Gulf AFL-CIO</i>
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Amount (\$) <i>\$100.00</i>	Payee address; <i>2506 Sutherland St.</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77023</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense/contribution</i>	Description <i>ticket to AFL-CIO "Working Families Awards Celebration"</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgette Smith-Lanison</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>05/23/2022</i>	5 Payee name <i>Wells Fargo Bank</i>	
6 Amount (\$) <i>\$300</i>	7 Payee address; City; State; Zip Code <i>Aczenberg TX 77469</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>banking expense</i>	(b) Description <i>banking expense/printed checks</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name <i>Bridgette Smith-Lanison</i>		
Office sought <i>County Attorney</i>		
Office held <i>County Attorney</i>		
Date <i>05/24/2022</i>	Payee name <i>Bridgette Smith-Lanison</i>	
Amount (\$) <i>\$1,500.00</i>	Payee address; City; State; Zip Code <i>22126 Emerald Run Lane Richmond TX 77469</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>reimbursement (partial)</i>	Description <i>partial reimbursement for personal funds expended on political expenses/campaign</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name <i>Bridgette Smith-Lanison</i>		
Office sought <i>County Attorney</i>		
Office held <i>County Attorney</i>		
Date <i>06/13/2022</i>	Payee name <i>Prestige Campaign</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 835 Missouri City TX 77454</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by Office holder</i>	Description <i>donation made</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgette Smith-Laman</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>06/21/2022</i>	5 Payee name <i>Who Dat Nation Missouri City Scholarship Fund</i>	
6 Amount (\$) <i>\$100⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1522 Texas Pkwy Missouri City TX 77489</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>donation made by officeholder</i>	(b) Description <i>donation to scholarship fund</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <i>06/29/2022</i>	Payee name <i>Wix. Com</i>	
Amount (\$) <i>\$24⁸⁵</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>advertising website fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <i>07/01/2022</i>	Payee name <i>Brian M. Middleton Campaign</i>	
Amount (\$) <i>\$100⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. Box 2874 Sugar Land TX 77487</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation made by officeholder</i>	Description <i>donation made</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgette Smith Hansen</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>07/11/2022</i>	5 Payee name <i>TSUNAA</i>
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6 Amount (\$) <i>\$375.00</i>	7 Payee address; City; State; Zip Code <i>5330 Giggis Road Suite B102 Box 34 Houston TX 77021</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense/contribution of officeholder</i>	(b) Description <i>"Expense/Contribution to attend Excellence in Achievement Awards"</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Bridgette Smith-Lansun

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

[Signature]

Signature of Officeholder