CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	îled:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Toni	MI V	OFFICE USE ONLY	
NAME	NICKNAME	Smith	SUFFIX	Date Received	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2810 Stock (: APT / SUITE #; C Creek Ln, Richmon	CITY: STATE: ZIP CODE Id, TX 77406	·	JAN 31 2022 RCV
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	731-4778	EXTENSION		d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	Mi	Receipt #	Amount \$
TREASURER NAME	Ms	Monica	. L	Date Processed	<u> </u>
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Akompi		L	·
7 CAMPAIGN TREASURER	1	(NO PO BOX PLEASE);		STATE;	ZIP CODE
ADDRESS	1410 Lake I	ointe rkwy, Sugar	Land, 177770		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 748-4472	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	II	treasurer a	ofter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	Month THROUGH 1	Day Yea / 20 / 22	
			ELECTION TYPE		
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	۱)	
	None Fort Bend County Clerk				
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	1	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	TIMANUL KLFUKI	
15 C/OH NAME Toni V Smith		6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 459.60
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 263.45
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	s 0.00
	Please complete either option below:	didate or Officeholder
	CASSANDRA R DEGRAFFENREID Notary ID #10555856 My Commission Expires July 3, 2023 L before me by Canada A Durffenci this the which, witness my hand and seal of office.	31 day of January.
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is _	
My address is		
	(street) (city) (sta	ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Toni V Smith	r ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ions \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	utions \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 453.50
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	TURNED \$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:		
FILER NAME Toni V Sn				3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor out-of-state PAC (ID#:) Kimberly Perry		7 Amount of contribution (\$)		
01/06/2022	6 Contributor address; 3306 Darby Dan Cove,		State; Zip Code vn, TN 38138	200.00	
Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code	·	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC		PAC (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state F	PAC (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

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
Salanes/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.	•		
Total pages Schedule G: 1	² FILER NAME Toni V Smith	3 Filer ID (Ethics Commission File	ers)		
4 Date	5 Payee name				
01/10/2022	The Print Boxx				
6 Amount (\$) 453.50 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 637 Trammel Fresno Rd Unit A, Houston, TX 77545				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Cards			
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	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				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address:	City;	State; Zip Code		
Reimbursement from political contributions intended		·			
PURPOSE OF EXPENDITURE	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				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED!	ED		