

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: 16

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Ms</u> FIRST: <u>Toni</u> MI: <input checked="" type="checkbox"/> NICKNAME: _____ LAST: <u>Smith</u> SUFFIX: _____	OFFICE USE ONLY Date Received FEB 22 2022 RC
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>2810 Stock Creek Ln, Richmond, TX 77406</u>
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(832) 731-4778</u>	Date Hand-delivered or Date Postmarked
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Ms</u> FIRST: <u>Monica</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>AKompi</u> SUFFIX: _____	Receipt # Amount \$ Date Processed Date Imaged
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>1416 Lake Pointe Pkwy, Sugar Land, TX 77478</u>
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8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(281) 748-4472</u>
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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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 21 / 22</u> <u>2 / 19 / 22</u>
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11 ELECTION	ELECTION DATE: ELECTION TYPE: Month Day Year <input checked="" type="checkbox"/> Primary Runoff Other Description <u>3 / 1 / 22</u> General Special
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12 OFFICE OFFICE HELD (if any): <u>None</u>	13 OFFICE SOUGHT (if known) <u>Fort Bend County Clerk</u>
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14 NOTICE FROM POLITICAL COMMITTEE(S) 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.							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="2">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME							
GENERAL	COMMITTEE ADDRESS							
	COMMITTEE CAMPAIGN TREASURER NAME							
SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

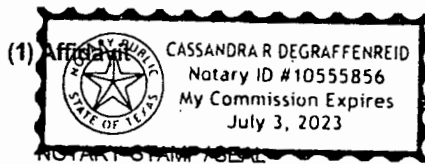
15 C/OH NAME Toni V Smith		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,743.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 242.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,193.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,275.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Toni Smith

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Cassandra R. DeGraffenreid this the 22 day of February, 2022, 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 _____

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 Toni V Smith		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,940.90
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,358.38
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,193.75
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 45.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Rochon Investment Group 6 Contributor address; City; State; Zip Code P.O. Box, Houston, TX 77233	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Linda Garrett Contributor address; City; State; Zip Code 2850 Lost Lakes Way, Powder Springs, GA 30127	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Raquel English Contributor address; City; State; Zip Code 13605 Iron Landing Ct, Pearland, TX 77584	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Omega Foston Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Judy and John Stanford 6 Contributor address; City; State; Zip Code 20234 Benton Springs Ln, Richmond, TX 77407	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Fuller & Hudson Contributor address; City; State; Zip Code 4615 Southwest Frwy, Ste 820, Houston, TX 77027	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Jacqueline Watson Contributor address; City; State; Zip Code 2318 Broadgreen Dr, Missouri City, TX 77489	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Savannah Smith Contributor address; City; State; Zip Code 4527 Juniper Ridge Ln	Amount of contribution (\$) 100.00
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: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Titus Logistics LLC 6 Contributor address; City; State; Zip Code Unknown	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Morgan Quincy Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2022	Full name of contributor out-of-state PAC (ID#: _____) Paula Reece Contributor address; City; State; Zip Code 1565 Cozy Dr, Fort Worth, TX 76120	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2022	Full name of contributor out-of-state PAC (ID#: _____) A&N Nursery Contributor address; City; State; Zip Code 4241 Purdue St, Houston, TX 77006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Nancy Calles 6 Contributor address: City: State: Zip Code Unknown	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Evan Ledet Contributor address: City: State: Zip Code 4530 Eagle Mountain Ct, Richmond, TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Vincent Green Contributor address: City: State: Zip Code Unknown	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Miraf Bitaweling Bihon Contributor address: City: State: Zip Code 10214 Westport Bridge Ln, Sugar Land, TX 77498	Amount of contribution (\$) 100.00
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: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Naomi Lawrence-Lee 6 Contributor address; City; State; Zip Code 2118 Hawthorne Brook Ln, Fresno, TX 77545	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Nicole West Contributor address; City; State; Zip Code 2723 Heatherbend Dr, Pearland, TX 77584	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2022	Full name of contributor out-of-state PAC (ID#: _____) Thedrial Jackson Contributor address; City; State; Zip Code 4822 Summer Manor, Sugar Land, TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2022	Full name of contributor out-of-state PAC (ID#: _____) Keith Contributor address; City; State; Zip Code 615 8th Avenue West, Birmingham, AL 35204	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Emerald West Development 6 Contributor address; City; State; Zip Code 10719 Villa Lea, Houston, TX 77071	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2022	Full name of contributor out-of-state PAC (ID#: _____) Michelle Lastrapes Contributor address; City; State; Zip Code P.O. Box 331, Stafford, TX 77477	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2022	Full name of contributor out-of-state PAC (ID#: _____) Donna Gant Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2022	Full name of contributor out-of-state PAC (ID#: _____) LaDonna Harris Contributor address; City; State; Zip Code 21126 Indigo Field Ln, Richmond, TX 77407	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		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>		
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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: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Letitia Quinones 6 Contributor address; City; State; Zip Code 2202 Ruth St, Houston, TX 77004	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Janice Little Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 1,501.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2022	Full name of contributor out-of-state PAC (ID#: _____) Weymon Holloway Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Al Kashani Contributor address; City; State; Zip Code P.O. Box 20214, Houston, TX 77233	Amount of contribution (\$) 1,500.00
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: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2022	5 Full name of contributor out-of-state PAC (ID#: _____) CWA COPE PCC 6 Contributor address; City; State; Zip Code 501 3rd Street NW, Washington DC 20001	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/17/2022	Full name of contributor out-of-state PAC (ID#: _____) C.L. Allen Contributor address; City; State; Zip Code 6810 River Bluff Dr, Houston, TX 77085	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Kimberly Aitch Contributor address; City; State; Zip Code 5702 Milart St, Houston, TX 77021	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Eric Black Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 100.00
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: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Susan Bynam 6 Contributor address; City; State; Zip Code 4826 Winfree Dr, Houston, TX 77021	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Fontenet Group Contributor address; City; State; Zip Code 4534 Long Creek Dr, Fresno, TX 77545	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Lee Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Darrell Cage Contributor address; City; State; Zip Code 3412 Saint Emanuel St, Houston, TX 77004	Amount of contribution (\$) 200.00
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: 10
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2022	5 Full name of contributor out-of-state PAC (ID#: _____) J.Gollins Investment Inc. 6 Contributor address; City; State; Zip Code Unknown	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Tami Worrell Contributor address; City; State; Zip Code 2407 Shelby Dr, Pearland, TX 77584	Amount of contribution (\$) 257.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Matthew Contributor address; City; State; Zip Code 4534 Long Creek Dr, Fresno, TX 77545	Amount of contribution (\$) 103.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Angela Sterling Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 103.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 1	
2 FILER NAME Toni V Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 01/21/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Harris 7 Contributor address; City; State; Zip Code 1200 Smith St, Suite 1550, Houston, TX 77002	8 Amount of Contribution \$ 5,358.38	9 In-kind contribution description Signs
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self Employed	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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	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: 1	2 FILER NAME Toni V Smith	3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2022	5 Payee name Oscar Telfair	
6 Amount (\$) 193.75	7 Payee address; City; State; Zip Code 7011 Harwin Dr, Suite 220, Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Van Rental
	(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 02/15/2022	Payee name JPBE Consulting	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code P.O. Box 14226, Houston, TX 77221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation	Description Mailings for Senior Citizens
	(c) 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) 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 SCHEDULE AS NEEDED

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	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 G: 1	2 FILER NAME Toni V Smith	3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2022	5 Payee name More Rush Food Gallery	
6 Amount (\$) 45.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 2810 Stock Creek Ln, Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Cake
	(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 (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
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
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
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 SCHEDULE AS NEEDED