CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIGN FINANCE REPORT			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: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Ms Toni	MI V		
	NICKNAME LAST Smith	SUFFIX	JUL 152	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; CI 2810 Stock Creek Ln, R 77406	ity: state: zip code Richmond, TX		
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 731-4778	EXTENSION	Date Hand-delivered or Date Postmarked	
CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MS Monica	мі L	Receipt # Amount \$ Date Processed	
	Akompi	SUFFIX	Date Imaged	
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI		STATE; ZIP CODE	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 748-4472	EXTENSION		
REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
PERIOD COVERED	Month Day Year 2 / 20 / 22	Month THROUGH 6	Day Year / 30 / 22	
I ELECTION	ELECTION DATE Month Day Year Primary 11 / 8 / 22 General	ELECTION TYPE Runoff Other Description Special		
2 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known Fort Bend County		
NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AN THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES I CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRE COMMITTEE TYPE COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CAND	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF	
COMMITTEE(S)				
COMMITTEE(S) Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREA	SURER NAME		

www.ethics.state.tx.us

FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	N FIN	ANCE REPORT	COV	EK SHEET FO Z	
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)	4	⁶ 0.00	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,605.00	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	5	\$ 2,079.58	
	4.	TOTAL POLITICAL EXPENDITURES	4	1,260.76	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	^{\$} 13,537.61	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 0.00	
		Please complete either option below		Officeholder	
1) Affidavit CASSANDRA R DEGRAFFENREID Notary 10 # 10555856 My Commission Expires July 3, 2023 NOTARY STAMP/SEAL Swom to and subscribed before me by Cassander & Defruit this the 14 day of July 20_22_, to certify which, witness my hand and seal of office.					
Signature of officer administe	ering oath	Printed name of officer administering oath	Ti	tle of officer administering oath	
		OR			
(2) Unsworn Declaration	on				

ly name is		,, an	d my date of b	pirth is		
ly address is					·	
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	(month)	, 20(year)	4

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	ERNAME	20 Filer ID (Ethics Con	mission Filers)			
Toni	V Smith					
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR	BUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	\$ 1,260.76				
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.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	RSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	OLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	CONTRIBUTIONS RETURNED	\$			

	ARY POLITICAL CON			SCHEDULE A1
	Instruction Guide explains how to c			1 Total pages Schedule A1: 3
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Toni V Smit	h			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Hamilton Rucker			7 Amount of contribution (\$)
02/22/2022	6 Contributor address; Unknown	City;	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/22/2022	Contributor address;	City;	State; Zip Code	100.00
Principal occup	Unknown action / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	\C (ID#:)	Amount of contribution (\$)
02/22/2022	Billesa Capers Contributor address; City; State; Zip Code		State; Zip Code	30.00
	Unknown			
Principal occuj	pation / Job title (See Instructions)		Employer (See Instru	ictions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
02/22/2022	Contributor address;	City;	State; Zip Code	100.00
	Unknown		1	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)
			1	
	ATTACH ADDITION		OF THIS SCHEDULE AS	

If the reque	sted information is not applicable, DO NOT include this page in	n the report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Toni V Sm		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#: Clayton Hardman	7 Amount of contribution (\$)			
03/21/2022	6 Contributor address; City; State; Zip Code Unknown	100.00			
3 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/23/2022	Contributor address; City; State; Zip Code 5302 Almeda Rd, Houston, TX 7700	000.00			
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/23/2022	Cheryl Sterling Contributor address; City; State; Zip Code 16507 Teak Dr, Missouri City, TX 7748	100.00			
Principal occu	pation / Job title (See Instructions) Employer (See I	1			
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)			
03/23/2022	JoAnn Brown Contributor address; City; State; Zip Code	100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					

Toni V Smith 5 Full name of contributor out-of-state PAC (D#) 7 Amount of contribution (\$) 02/24/2022 5 Full name of contributor out-of-state PAC (D#) 7 Amount of contribution (\$) 02/24/2022 6 Contributor address; City: State; Zip Code 2500.00 02/24/2022 6 Contributor address; City: State; Zip Code 2500.00 02/24/2022 Full name of contributor out-of-state PAC (D#		ARY POLITICAL CONTRIBUTIONS ted information is not applicable, DO NOT include this page in the	SCHEDULE A1
Toni V Smith 5 Full name of contributor LaTanya Easter out-of-state PAC (ID#) 7 Amount of contribution (\$) 02/24/2022 6 Contributor address; City; State; Zip Code 2500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 03/04/2022 Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) Date Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) 03/04/2022 Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) Date Full name of contributor 03/04/2022 Gwendolyn Sanders Amount of contribution (\$) 1000.00 Date Full name of contributor 2018 Peachwood Dr, Missouri City, TX 77489 Amount of contribution (\$) 1000.00 Date Full name of contributor 203/09/2022 City: State; Zip Code Amount of contribution (\$) Date Full name of contributor 203/09/2022 City: State; Zip Code Amount of contribution (\$) Date	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3
02/24/2022 LaTanya Easter City: State: Zip Code 250.00 02/24/2022 S Contributor address; City: State: Zip Code 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 03/04/2022 Full name of contributor out-of-state PAC (ID#		th	3 Filer ID (Ethics Commission Filers)
Date Full name of contributor out-of-state PAC (ID#) Arrount of contribution (\$) 03/04/2022 Contributor address; City; State; Zip Code 615 8th Avenue West, Birmingham, AL 35204 Full name of contributor To 0.00000000000000000000000000000000000		LaTanya Easter 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 250.00
Onyx Onyx 700.00 03/04/2022 Contributor address; City; State; Zip Code 615 8th Avenue West, Birmingham, AL 35204 Full name of contributor Employer (See Instructions) 700.00 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1000.00 03/04/2022 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 100.00 Date Gwendolyn Sanders City; State; Zip Code 1000.00 03/04/2022 Contributor address; City; State; Zip Code 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 1000.00 Date Sean Johnson out-of-state PAC (ID#) Amount of contribution (\$) 03/09/2022 Sean Johnson City; State; Zip Code 25.00 Unknown Contributor address; City; State; Zip Code 25.00	8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (IDIK:) Amount of contribution (\$) 03/04/2022 Gwendolyn Sanderss City; State; Zip Code 2118 Peachwood Dr, Missouri City, TX 77489 Integration (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (IDIK:) Amount of contribution (\$) 03/09/2022 Full name of contributor out-of-state PAC (IDIK:) Amount of contribution (\$) 03/09/2022 Full name of contributor out-of-state PAC (IDIK:) Amount of contribution (\$) 03/09/2022 Contributor address; City; State; Zip Code Unknown Unknown City; State; Zip Code		Onyx Contributor address; City; State; Zip Code	Amount of contribution (\$)
03/04/2022 Gwendolyn Sanders 100.0 Contributor address; City; State; Zip Code 2118 Peachwood Dr, Missouri City, TX 77489 100.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) 100.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 03/09/2022 Contributor address; City; State; Zip Code Unknown Unknown 25.0	Principal occup	Deation / Job title (See Instructions) Employer (See Instru	ictions)
03/09/2022 Sean Johnson Contributor address; City; State; Zip Code Unknown	03/04/2022	Gwendolyn Sanders Contributor address; City; State; Zip Code 2118 Peachwood Dr, Missouri City, TX 77489	100.00
03/09/2022 Sean Johnson Contributor address; City; State; Zip Code Unknown			1
		Sean Johnson Contributor address; City; State; Zip Code	Amount of contribution (\$)
	Principal occu		uctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense
1 Total pages Schedule F1: 2	2 FILER N Toni V S				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payeen					· · · · · · · · · · · · · · · · · · ·
02/22/2022	Jaleah					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
250.00	Unknow	'n				
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advert	sing Expense		Marketing and	d Advertiseme	ent
	(c)	Check if travel outside of Texas. Complete :	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
02/28/2022	Corwine	elieus King				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
270.00	Unknow	'n				
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Polling	Expense		Poll Worker		
a de carr		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
03/18/2022	The Pri	nt Boxx		1		
Amount (\$)	Payee a	ddress;	-	City;	State;	Zip Code
255.73	Unknow	'n				
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	j Expense		Printing Push	cards	
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	-	date / Officeholder name		Office sought		Office held
	A	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

Forms provided by Texas Ethics Commission

	EXPENDITURES MADE			SCHE	DULE F1
If the requested info	ormation is not applicable, DO NOT in	clude th	is page in the re	port.	
	EXPENDITURE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Cerd Payment		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundralisin Transportation Equipr Traivel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
2	Toni V Smith				
4 Date 04/04/2022	5 Payee name The Home Depot				
6 Amount (\$)	7 Payee address;		City;	State,	Zip Code
243.35	Unknown				
8	(a) Category (See Categories listed at the top of this a	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead Expense		Office Supplie	S	
	(c) Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
04/04/2022	U-Haul				
Amount (\$)	Payee address;		City:	State;	Zip Code
241.68	Unknown				
	Category (See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Expense		U-Haul Renta	lls for Signage)
	Check if travel outside of Texas. Complete Sc	chedule T.	Check If Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		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 se	chedule)	Description		
	Check if travel outside of Texas, Complete Sc	chedule T.	Check If Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED