# **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Toni Ms NAME Date Received LAST NICKNAME SUFFIX **Smith** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE

OFFICEHOLDER MAILING ADDRESS	23626 Rimir	ni Ct., Richmond, T	X 77406		OCT 11 2022
✓ Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(832 )	731-4778	EXTENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Monica	MI L	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	MONTANE	Akompi	SUPPIA	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU Pointe Pkwy, Sugar		STATE;	ZIP CODE
(Residence or Business)		ere control	All the same of th		
8 CAMPAIGN TREASURER PHONE	( 281 )	748-4472	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before elect	Event ded Martine	treasurer (Officehold	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 22	Mon	th Day Ye	
11 ELECTION	Month Day	Year Primary	ELECTION TO  Runoff Other Description  Special		
			1		
12 OFFICE	None (if any)		Fort Bend Coul		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURE MAY HAVE BEEN MADE WITHOUT THE C ED TO REPORT THIS INFORMATION ONLY	CANDIDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
710		GO TO I	PAGE 2	9.0	
Forms provided by Texas E	Ethics Commission	www.ethics	.state.tx.us		Revised 8/17/2020

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Toni V Smith	16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,391.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,635.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,293.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
(1) Affidavit		Carlat
	before me by Cassandre R. Alfraffencia this the // which, witness my hand and seal of office.	day of October
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidate/Of	ficeholder (Declarant)

# SUBTOTALS - C/OH

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

	FILER NAME  ni V Smith  20 Filer ID (Ethics Comm	ission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,391.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	4. SCHEDULE E: LOANS	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,635.25
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 600.00
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	\$

### 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 то	otal pages Schedule A1: 21
2 FILER NAME Toni V Smi	th	<b>3</b> Fi	iler ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_Faysal Sharif	<b>7</b> A	mount of contribution (\$)
07/19/2022	6 Contributor address; City; St	ate; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	A	mount of contribution (\$)
07/22/2022	Grady Prestage Campaign		4 000 00
OTTELTEDEL	Contributor address; City; St	ate; Zip Code	1,000.00
	P.O. Box 835, Missouri City,	TX 77459	,
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	) A	mount of contribution (\$)
09/12/2022	Gerald Womack		4 000 00
03/12/2022	Contributor address; City; Sta	ite; Zip Code	1,000.00
	4412 Almeda Rd, Houston,	TX 77004	,
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	A	mount of contribution (\$)
00/40/0000	Charles Swindell		
09/12/2022	Contributor address; City; Sta	ate; Zip Code	500.00
	1802 Lake Quitman Dr, Richmond	i, TX 77406	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDIII E AS MEEDEI	D
	If contributor is out-of-state PAC, please see Instruction		

### SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	e report.		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21		
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (IDIE:	7 Amount of contribution (\$)		
09/12/2022	6 Contributor address; City; State; Zip Code 3503 Lindhaven Dr, Pearland, TX 77584	500.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instr			
Date	Full name of contributor out-of-state PAC (IDIR:	Amount of contribution (\$)		
09/12/2022	Contributor address; City; State; Zip Code	500.00		
	13811 Ashley Run, Houston, TX 77077	44.40.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
09/29/2022	Janice Dupre  Contributor address; City; State; Zip Code	3,000.00		
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
09/12/2022	Contributor address; City; State; Zip Code	250.00		
P.O. Box 835, Missouri City, TX 77459				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED		

## SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	героп.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Michael Winn	7 Amount of contribution (\$)
09/12/2022	6 Contributor address; City; State; Zip Code 9223 Turtle Pond Ln, Missouri City, TX 77459	250.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Deandre Sam	Amount of contribution (\$)
09/12/2022	Contributor address; City; State; Zip Code  3401 Corder St, Houston, TX 77021	250.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
09/12/2022	Kevin Murray, LLC  Contributor address; City; State; Zip Code  5075 Westheimer Rd, Ste 980, Houston, TX 77056	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)  Albert Tibbs Campaign	Amount of contribution (\$)
09/12/2022	Contributor address; City; State; Zip Code P.O. Box 17161, Fresno, TX 77496	150.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
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#### SCHEDULE A1

If the reques	sted 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: 21	
2 FILER NAME Toni V Sm	ith	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  C&L Consultants	7 Amount of contribution (\$)	
09/12/2022	6 Contributor address; City; State; Zip Code 3514 Wentworth St, Houston, TX 77004	100.00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	cions)	
Date	Full name of contributor out-of-state PAC (ID#:)  DBA Petitt Enterprises	Amount of contribution (\$)	
09/12/2022	Contributor address; City; State; Zip Code 12015 Bob White Dr, Houston, TX 77035	100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
09/12/2022	Dexter McCoy Campaign  Contributor address; City; State; Zip Code  P.O.Box 1398, Richmond, TX 77406	100.00	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
09/12/2022	Ron Reynolds Campaign  Contributor address; City; State; Zip Code  6140 Highway 6 South 233, Missouri City, TX 77459	100.00	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ons)	

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### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21		
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (IDII:) Wayne Lockett	7 Amount of contribution (\$)		
09/22/2022	6 Contributor address; City; State; Zip Code	250.00		
	4202 Clearwater Court, Missouri City, TX 77459			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Lewanna Hobbs	1 00		
	Contributor address; City; State; Zip Code	1.00		
	603 Amesbury Dr, Mesquite, TX 75150			
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Robert Carter	500.00		
	Contributor address; City; State; Zip Code  1911 Darby Lane, Fresno, TX 77545	500.00		
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Leah Drummer  Contributor address; City; State; Zip Code	100.00		
	4103 Yucca Court, Manvel, TX 77578	100.00		
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	tions)		
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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21		
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (IDIF:			
09/22/2022	6 Contributor address; City; State; Zip 3819 Westhampton Drive, Houston, TX	200.00		
8 Principal occu		(See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
09/22/2022	Contributor address; City; State; Zip 1714 Sabine Ln, Richmond, TX 7	000.00		
Principal occup		(See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
09/22/2022	Judy Foston  Contributor address; City; State; Zip City; State; Zip City; State; Zip City; State; Zip City; City; State; Zip	000.00		
Principal occup	ation / Job title (See Instructions) Employer (	(See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:			
09/22/2022	Contributor address; City; State; Zip City; State; Zip City; TX 7	100.00		
Principal occup	ation / Job title (See Instructions) Employer (	(See Instructions)		

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDII:	7 Amount of contribution (\$)
09/22/2022	6 Contributor address; City; State; Zip Code 1815 Stacy Falls, Houston, TX 77008	1,000.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See In	
Date	Full name of contributor out-of-state PAC (IDIF:	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zip Code	500.00
	7102 Halfpenny Road, Houston, TX 7709	05
Principal occup	ation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (IDIE:	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zip Code 3250 Bingle Rd, Houston, TX 7705	500.00
Principal occup	ation / Job title (See Instructions)  Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zip Code 4407 Sunrise Drive, Missouri City, TX 7745	250.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
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#### SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 21	
2 FILER NAME Toni V Smi	th		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)	
09/22/2022	6 Contributor address; City;	State; Zip Code	100.00	
	8706 Crown Jewel Drive, Richmo	ond, TX 77469		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
09/22/2022	•••••	State; Zip Code	250.00	
	7710 Stone Arbor Ln., Pearlar		200.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ons)	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
09/22/2022	Jeff Webber		1 000 00	
	Contributor address; City;  14 heights creek drive, Missouri (	State; Zip Code City, TX 77459	1,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)	
09/22/2022	Lisa Valadez		4 000 00	
7022 chapel meadow lane, Richmond, TX 77407				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21	
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)	
4 Date 09/22/2022 8 Principal occu	5 Full name of contributor Obes Nwabara  6 Contributor address; City; State; Zip Code  160 Birdsall St Apt 1305, Houston, TX 77007  pation / Job title (See Instructions)  9 Employer (See Instructions)	7 Amount of contribution (\$)  1,000.00	
Date 09/22/2022	Full name of contributor out-of-state PAC (ID#:)  Letitia Quinones  Contributor address; City; State; Zip Code  2202 Ruth Street, Houston, TX 77004	Amount of contribution (\$)  500.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date 09/22/2022	Full name of contributor out-of-state PAC (IDIII:)  Byronn Hearn  Contributor address; City; State; Zip Code  7310 Birchtree Forest Dr, Houston, TX 77088	Amount of contribution (\$)  250.00	
Principal occup	vation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)  Alisha Johnson	Amount of contribution (\$)	
09/22/2022	Contributor address; City; State; Zip Code 4118 Creek Shore Lane, Fulshear, TX 77441	250.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			

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#### SCHEDULE A1

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2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:  Cassandra Craft	7 Amount of contribution (\$)
09/22/2022	6 Contributor address; City; State; Z. 18030 Barton Ridge Lane, Richmond, TX	500.00 577407
8 Principal occu		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zi  11 Retreat Blvd, Richmond, TX	000.00
Principal occup		r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/22/2022	Soraya Whitten  Contributor address; City; State; Zi  18106 nisbet crossing, Richmond, TX	77407 250.00
Principal occup		r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
09/22/2022	Queenie Wilkins  Contributor address; City; State; Zip  5102 Southampton Rd., Missouri City, TX	100.00
Principal occup		r (See Instructions)

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### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
09/22/2022	6 Contributor address; City; State; Zip Code 5802 GRAND SALINE DR, Richmond, TX 7746	250.00
Principal occu	pation / Job title (See Instructions)  9 Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zip Code 1703 Lake Quitman Drive, Richmond, TX 7740	250.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/22/2022	Jacqueline Fagan  Contributor address; City; State; Zip Code  2304 High Tide Lane, Pearland, TX 7758	100.00
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	
09/22/2022	Contributor address; City; State; Zip Code  16107 Kensington Dr #483, Sugar Land, TX 774	250.00
Principal occup	pation / Job title (See Instructions)  Employer (See In	nstructions)
	·	

#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21		
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Debra Emanuel	7 Amount of contribution (\$)		
09/22/2022	6 Contributor address; City; State; Zip Code 4018 Laguna Point, Missouri City, TX 77459	250.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ptions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Keith Davis	Amount of contribution (\$)		
09/22/2022	Contributor address; City; State; Zip Code  1019 E. 37th St., Houston, TX 77022	100.00		
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Denise Bentham  Contributor address; City; State; Zip Code  21514 Amber Grain Lane, Cypress, TX 77433	500.00		
Principal occup	ation / Job title (See Instructions)  Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Alex Vinson  Contributor address; City; State; Zip Code  17902 Sulgrave dr, Cypress, TX 77429	500.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

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### SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 21			
2 FILER NAME Toni V Smi	th		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Felicia Farrar	(ID#:)	7 Amount of contribution (\$)		
09/22/2022	6 Contributor address; City; State; Zip Code 18126 Afton Hollow Ln, Richmond, TX 77407		50.00		
8 Principal occu		9 Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC  Devaron Yates	(ID#:)	Amount of contribution (\$)		
09/22/2022	Contributor address; City; 741 Somerset Commons Lane, Hor	State; Zip Code	500.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	(iD#:)	Amount of contribution (\$)		
09/22/2022		State; Zip Code	500.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)		
09/22/2022	Contributor address; City;	State; Zip Code	100.00		
	3244 Wentworth St, Houston, TX 77004				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					

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### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21		
<sup>2</sup> FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Staci Keys		7 Amount of contribution (\$)		
09/22/2022	6 Contributor address; City; State; Zip Code 3244 Wentworth St, Houston, TX 77004	100.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Terence Jones	Amount of contribution (\$)		
09/22/2022	Contributor address; City; State; Zip Code	50.00		
Principal occup	8518 Bird Run drive, Missouri City, TX 77489  ation / Job title (See Instructions)  Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Marcus Ford  Contributor address; City; State; Zip Code	250.00		
9611 Roark's Passage, Missouri City, TX 77459  Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Peggy Robinson  Contributor address; City; State; Zip Code	250.00		
17531 Holroyd Rd, Humble, TX 77346				
Fillicipal occup	ation / Job title (See Instructions) Employer (See Instructions)	one)		
A-44-000				

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## 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: 21
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
09/22/2022	6 Contributor address; City; State; Zip Cod 4303 Bobolink Circle, Missouri City, TX 774	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/22/2022	Charley Reado	200.00
	Contributor address; City; State; Zip Cod	200.00
	P O Box 450708, Houston, TX 772	45
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/22/2022	Roderick Garner	450.00
OOILLILOLL	Contributor address; City; State; Zip Code	150.00
	2210 N Fountain Valley Dr, Missouri City, TX 77	459
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
00/00/0000	Tamecia Glover	
09/22/2022	Contributor address; City; State; Zip Code	100.00
	7406 Avalon Trace, Richmond, TX 774	
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

## SCHEDULE A1

If the reques	sted 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: 21
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Monica Rawlins	7 Amount of contribution (\$)
09/22/2022	6 Contributor address; City; State; Zip Code 4303 Bobolink Circle, Missouri City, TX 77459	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Charley Reado	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zip Code P O Box 450708, Houston, TX 77245	200.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zip Code  2210 N Fountain Valley Dr, Missouri City, TX 77459	150.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	cions)
Date	Full name of contributor out-of-state PAC (IDIR:)	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zip Code	100.00
Principal occup	7406 Avalon Trace, Richmond, TX 77407  Pation / Job title (See Instructions)  Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED

#### SCHEDULE A1

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

ii tile reques	sted information is not applicable, bo NoT include this page in the	Toport		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21		
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Shunvonne McGilbra	7 Amount of contribution (\$)		
09/22/2022	6 Contributor address; City; State; Zip Code 3566 Link Valley Dr, Houston, TX 77025	150.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Abenaa Bailey	Amount of contribution (\$)		
09/22/2022	Contributor address; City; State; Zip Code 4711 LJ Parkway Unit 4208, Sugar Land, TX 77479	100.00		
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	etions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Celestine Lawson  Contributor address; City; State; Zip Code  2323 Lorenzo Dr, Hollywood, CA 90068	1,000.00		
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	Contributor address; City; State; Zip Code  2323 Lorenzo Dr, Los Angeles, CA 90068	500.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

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#### 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: 21		
2 FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Karla Elridge	7 Amount of contribution (\$)		
09/22/2022	6 Contributor address; City; State; Zip Code 9334 Hughes Ranch Road, Pearland, TX 77584	250.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ations)		
Date	Full name of contributor out-of-state PAC (ID#:)  Michael Elridge	Amount of contribution (\$)		
09/22/2022	Contributor address; City; State; Zip Code 9334 Hughes Ranch Road, Pearland, TX 77584	250.00		
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
09/22/2022	LaTanya Easter  Contributor address; City; State; Zip Code  1815 Stacy Falls, Houston, TX 77008	100.00		
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Denise Bentham	Amount of contribution (\$)		
09/22/2022	Contributor address; City; State; Zip Code 21514 Amber Grain Lane, Cypress, TX 77433	1,000.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

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### 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: 21
FILER NAME Toni V Smi	th	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (IDIR:)  Monique Wakefield	7 Amount of contribution (\$)
09/22/2022	6 Contributor address; City; State; Zip Code 9614 Wildgrass Ct, Sugar Land, TX 77498	50.00
Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Toni Crawford	Amount of contribution (\$)
09/22/2022	Contributor address; City; State; Zip Code  1414 Nails Creek, Sugar Land, TX 77478	250.00
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/22/2022	Chantay Morris  Contributor address; City; State; Zip Code  9414 Comstock Meadows Dr., Houston, TX 77095	100.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Darryl Carter	Amount of contribution (\$)
9/27/2022	Contributor address; City; State; Zip Code 6851 Willers Way, Houston, TX 77058	500.00
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	tions)

### SCHEDULE A1

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

		** ******		
The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 21
2 FILER NAME Toni V Smi	th			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Anna Reger		7 Amount of contribution (\$)	
09/08/2022	6 Contributor address;	City;	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Date Full name of contributor out-of-state PAC (ID#:		(ID#:)	Amount of contribution (\$)
09/08/2022	Contributor address;	City;	State; Zip Code	500.00
Principal occupation / Job title (See Instructions)  Employer (See Instru			Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/08/2022	Janice Leonard  Contributor address;	City;	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Unknown	out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/08/2022	Contributor address;	City;	State; Zip Code	400.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACHARDITA	DNAL CODIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC,			

### SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 21
2 FILER NAME Toni V Smi	th		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2022	Kevin Ambers	State; Zip Code	7 Amount of contribution (\$) 40.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
and the same of th	The state of the s		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

#### 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 By
Candidate/Officeholder/Political Committee

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

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

Legal Services Salarles/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 3 Filer ID (Ethics Commission Filers) Toni V Smith 12 4 Date 5 Pavee name 08/02/2022 VaShaundra Edwards 6 Amount (\$) 7 Payee address; City; State; Zip Code 100.00 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contribution Back to School Supplies OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/05/2022 Double Good Popcorn Amount (\$) Pavee address: City: State: Zip Code 68.95 Category (See Categories listed at the top of this schedule) Description PURPOSE Food/Beverage Expense Food for Block-walkers OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/08/2022 Tamika Craft Campaign Amount (\$) Payee address; City; State; Zip Code 100.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Contribution Campaign Contribution OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

if the requested in	formation is not applicable, DO NOT in	clude this page in the i	герогт.
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
12	Toni V Smith		
4 Date	5 Payee name		
08/08/2022	Fort Bend County		400
25.00	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sci	thedule) (b) Description	
PURPOSE OF EXPENDITURE	Solicitation	Parade Entry	Fee
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/08/2022	Fort Bend County		
Amount (\$)	Payee address;	City;	State; Zip Code
25.00			
	Category (See Categories listed at the top of this sche	edule) Description	1
PURPOSE OF EXPENDITURE	Solicitation	Parade Entry	Fee
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	Market de la constant	
08/15/2022	Allied Signs		
Amount (\$)	Payee address;	City;	State; Zip Code
649.50			
	Category (See Categories listed at the top of this sche	odule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Signs	
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Management of the second of th	ATTACH ADDITIONAL COPIES OF	E THIS SCHEDULE AS NE	EDED

#### 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 By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Expense aWages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category)	
1 Total pages Schedule F1: 12	2 FILER NAME Toni V Smith	110000000000000000000000000000000000000	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name		<u></u>	
08/15/2022	Roderick Garner			
6 Amount (\$) 100.00	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description Reimbursement Block-walkers	of payment for	Canvassing and
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			4.00
08/15/2022	Fort Bend County Democratic Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
2,500.00	13515 Southwest Frwy, Ste 204, Su	igar Land, TX 77	7478	
	Category (See Categories listed at the top of this schedule)	Description	100 000 000	
PURPOSE OF EXPENDITURE	Donation	Coordinated [	Democratic Ca	ampaign Efforts
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/23/2022	Lupe Tortilla			
Amount (\$)	Payee address;	City;	State;	Zip Code
89.11				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food for Block	-walkers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Translation of the Control of the Co	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

## 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 By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services  The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N		now to complete this form	3 Filer ID (Ethics Commission Filers)
12	Toni V Sr			,
4 Date	5 Payee na			
08/24/2022	Allied S	igns		11,100,100
6 Amount (\$) 2,000.00	7 Payee a	ddress;	City;	State; Zip Code
8	(a) Categor	ry (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Adverti	sing Expense	Signs	
	(c)	Check if travel outside of Texas. Complete Sch	nedule T. Check if Au	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name	Office sought	Office held
Date	Payee na	ame		
08/25/2022	Unknow	<i>'</i> n		
Amount (\$)	Payee a	ddress;	City;	State; Zip Code
100.00				
	Category	(See Categories listed at the top of this sci	nedule) Description	
PURPOSE OF EXPENDITURE	Other		Miscellaneou	us
		Check if travel outside of Texas. Complete Sch	nedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name	Office sought	Office held
Date	Payee n	ame		
08/29/2022	Fort Ber	nd County Sheriff's Fou	ndation	
Amount (\$)	Payee ad	idress;	City;	State; Zip Code
750.00				
	Category	/ (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Event E	xpense	Sheriff's Gala	
		Check if travel outside of Texas. Complete Sch	edule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name	Office sought	Office held
	AT	TACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NI	EDED

## 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Other (enter a category	
Total pages Schedule F1:	2 FILER NAME Toni V Smith		3 Filer ID (Ethica	Commission Filers)
Date	5 Payee name		1	
08/29/2022	John Wiggins III			
1,500.00	7 Payee address;	City;	State;	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Gala		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	ехрепѕе
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	and the same		
08/31/2022	Roderick Garner			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00				
·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Reimbursement for Block-Walkers	Payment to Canva	ssing and
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/08/2022	Elegant Valet			
Amount (\$)	Payee address;	City;	State;	Zip Code
498.75				
	Category (See Categories listed at the top of this schedule)	Description	***************************************	
PURPOSE OF EXPENDITURE	Fundraising Expense	Valet Parking t	for Fundraisin	g Event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/V	kpense /ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense	
1 Total pages Schedule F1:	2 FILER NA Toni V Sn				3 Filer ID (Ethio	cs Commission Filers)	
4 Date	5 Payee na					***	
09/12/2022	Sugar R				71.1		
6 Amount (\$) 110.00	7 Payee ad	idress;		City;	State;	Zip Code	
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Be	everage Expense		Cake for Fund	Iraiser		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livin	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me		A CONTRACTOR OF THE CONTRACTOR		The state of the s	
09/12/2022	Bill Gibs	on					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
300.00							
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Fundrai	ising Expense		Transportation	n for Special	Guests	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					_
09/12/2022	Niles Dill	lard					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
350.00							
	Category	(See Categories listed at the top of this se	chedule)	Description			
PURPOSE OF EXPENDITURE	Fundrais	sing Expense		Videographer			
	•	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		7

## 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	-	Giff/Awards/Memorials Expense Legal Services  The Instruction Guide explain		pense ages/Contract Labor	Travel Out Of Distr Other (enter a cate	lct gory not listed above)
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payeen			Marketon .		
09/12/2022		Champagne				
6 Amount (\$) 175.00	7 Payee a			City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this iising Expense	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
09/13/2022	Chester	Machen				
750.00	Payee a	ddress;		City;	State;	Zip Code
	Categor	y (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Advert	ising Expense		Signs		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
09/14/2022	Wells F	argo				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
12.00						
	Categor	y (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Bankin	9		Return Unpaid	I Item Fee	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

## 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

**Event Expense** Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Severage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above	(e)
1 Total pages Schedule F1:				3 Filer ID (Ethics Commission F	ilers)
12	Toni V St				
4 Date	5 Payee na				
09/20/2022	Rodrigo	Chavez			
6 Amount (\$) 82.27	7 Payee a	ddress;	City;	State; Zip Code	
8	(a) Categor	y (See Categories listed at the top of this	schedule) (b) Description	1,000,00	
PURPOSE OF EXPENDITURE	Contrac	ct Labor	Canvassing a	and Block-Walking	
	(c)	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	stin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held	
Date	Payee na	ime			
09/22/2022	Juan Or	tega			
Amount (\$)	Payee ac	ddress;	City;	State; Zip Code	
180.00					
	Category	(See Categories listed at the top of this so	chedule) Description		
PURPOSE OF EXPENDITURE	Contra	ct Labor	Canvassing a	and Block-Walking	
		Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	etin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held	
Date	Payee na	ame	20 May 19		
09/16/2022	Roderic	k Garner			
Amount (\$)	Payee ad	dress;	City;	State; Zip Code	
272.00					
	Category	(See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Contrac	t Labor	Reimbursement and Block-Walk	t for Payment to Canvassing ers	g
		Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	

# SCHEDULE F1

If the requested inf	formation is not applicable, DO NOT in	clude this page in the	report.	
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:		***************************************	3 Filer ID (Ethica	Commission Filers)
12	Toni V Smith			
4 Date 09/22/2022	John Wiggins III			
6 Amount (\$) 500.00	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Gala		
	(c) Check if travel outside of Texas. Complete Schr	edule T. Check if A	ustin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/23/2022	Sams Club			
Amount (\$)	Payee address;	City;	State;	Zip Code
43.15				
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Snacks for (	Canvassing and	Block-Walking
	Check if travel outside of Texas. Complete Scho	edule T. Check If A	ustin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/26/2022	Mimi's New Orleans			
Amount (\$)	Payee address;	City;	State;	Zip Code
208.33				
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food for Blo	ck-Walking	
	Check if travel outside of Texas. Complete Sche	edule T. Check if A	ustin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IEEDED	

# SCHEDULE F1

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

ii dio requested iiii	Officacities	s not applicable, <b>DO 1101</b> 1	noidae t	ms page in the re	sport.	
		EXPENDITURE CATE	GORIES	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	Office Ove Polling Exp Printing Ex		Travel In District Travel Out Of Distri	ipment & Related Expense
	,	The Instruction Guide explain	s how to c	omplete this form.		
1 Total pages Schedule F1: 12	2 FILER N				3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Payee na	ame				
09/26/2022	Allied S	igns				
6 Amount (\$) 2,058.29	7 Payee ad	idress;		City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Signs		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ıme				STATE OF THE STATE
09/26/2022	Texas S	Southern University				
Amount (\$) 325.00	Payee ac	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so	chedule)	Description Block-Walking	l	
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
09/27/2022	Frenchy	's				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
156.65						
	Category	(See Categories listed at the top of this so	hedule)	Description		**************************************
PURPOSE OF EXPENDITURE	Food/Be	everage		Food for Canva	assing and B	lock-Walking
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
And the state of t	АТ	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	And the second s

### 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 By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries  The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule F1:	2 FILER NAME Toni V Smith		3 Filer ID (Ethics C	Commission Filers)
4 Date 09/28/2022	5 Payee name Butler Wiseman			
6 Amount (\$) 300.00	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	VIII I	Andrew de Marine
PURPOSE OF EXPENDITURE	Solicitation Expense	Mass Distribut	tion of Calls to	Voters
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name		And Andrews	1 of 1
10/03/2022	John Wiggins III			
Amount (\$)	Payee address;	City;	State;	Zip Code
800.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Gala		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	ffice held
Date	Payee name			
10/06/2022	John Wiggins III			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Gala		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## 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 By
Candidate/Officeholder/Political Committee

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

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
12	Toni V Smith		
Date	5 Payee name		
07/21/2022	Square Inc		
Amount (\$) 29.30	7 Payee address;	City;	State; Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Banking	Square Inc Fe	es
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	V 404 M	
09/22/2022	ActBlue		
Amount (\$)	Payee address;	City;	State; Zip Code
726.95			
	Category (See Categories listed at the top of this schedule)	Description	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
PURPOSE OF EXPENDITURE	Banking	ActBlue Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
Complete ONLY 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	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense

# 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarfes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Toni V Smith Payee name Julia Faye Thompson Inc Payee address;  Category (See Categories listed at the top of this schedule) dvertising Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	City;  (b) Description  Signage  Check if Austin,  Office sought	3 Filer ID (Ethics State;	Zip Code
Category (See Categories listed at the top of this schedule)  dvertising Expense  Check If travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	(b) Description Signage Check if Austin,	ı, TX, officeholder living ex	kpense
Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Signage  Check If Austin,		
	Office sought	Washington and the second	Office held
<sup>3</sup> ayee name			
Payee address;	City;	State;	Zip Code
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 ex	xpense
Candidate / Officeholder name	Office sought		Office held
Payee name	mary Address		
Payee address;	City;	State;	Zip Code
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 ex	cpense
Candidate / Officeholder name	Office sought		Office held
	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  ayee name  ayee address;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Office holder name Office sought agee name  agee address; City;  Category (See Categories listed at the top of this schedule) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Office holder name Office sought	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living example to the sought of the so