

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Bridgette</u> MI: _____ NICKNAME: _____ LAST: <u>Smith-Lansun</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>5826 New Territory Blvd</u> APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>#83 Sugar Land 77479</u>	JUL 17 2023 RCVD	
<input checked="" type="checkbox"/> Change of Address	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: () PHONE NUMBER: _____ EXTENSION: _____	Date Received
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Subriya</u> MI: _____ NICKNAME: _____ LAST: <u>Gee</u> SUFFIX: _____	Date Hand-delivered or Date Postmarked	Receipt #
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <u>5826 New Territory Blvd.</u> APT. / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ (Residence or Business) <u>#83 Sugar Land TX 77479</u>	Date Processed	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE: (832) PHONE NUMBER: <u>373 6503</u> EXTENSION: _____	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>01 / 01 / 2023</u> THROUGH <u>06 / 30 / 2023</u>		
11 ELECTION	ELECTION DATE: Month Day Year <u>03 / 05 / 24</u>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>County Attorney Fort Bend</u>	13 OFFICE SOUGHT (if known) <u>County Attorney Fort Bend</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

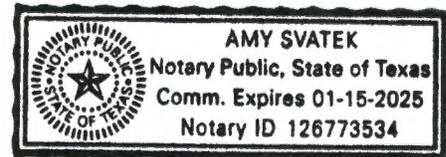
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,776.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,817.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,620.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bridgette M. Smith this the 17th day of July,

2023, to certify which, witness my hand and seal of office.

[Signature] Amy Svatek Notary, St. of TX
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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,776 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 790 ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 4,817 ⁸⁵
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,480 ⁰⁰
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 150 ⁰⁰
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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:
2 FILER NAME <i>Bridgette Smith Lanson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/8/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott West</i>	7 Amount of contribution (\$) <i>\$1,000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>24 Sovereign Circle Richmond, TX 77469</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>West Law Firm</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Njoku</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>
Contributor address; City; State; Zip Code <i>5555 New Territory Blvd #4206 Sugarland TX 77479</i>		
Principal occupation / Job title (See Instructions) <i>Legal</i>		Employer (See Instructions) <i>Self</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Herbert Stone III</i>	Amount of contribution (\$) <i>\$ 250⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box Houston TX 77253</i>		
Principal occupation / Job title (See Instructions) <i>lawyer</i>		Employer (See Instructions) <i>Linebarger</i>
Date <i>6/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Feldman</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>
Contributor address; City; State; Zip Code <i>3355 West Alabama St 1220 Houston TX 77098</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Feldman & Feldman</i>

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith-Hanson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Quiney</i>	7 Amount of contribution (\$) <i>\$ 50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>19400 W Belfort Blvd #1305 Richmond TX 77407</i>		
8 Principal occupation / Job title (See Instructions) <i>Law Enforcement</i>		9 Employer (See Instructions) <i>Fort Bend County</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald Reynolds</i>	Amount of contribution (\$) <i>\$ 250⁰⁰</i>
Contributor address; City; State; Zip Code <i>6140 Hwy 6 South #233 Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>State Representative</i>		Employer (See Instructions) <i>Self</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Bobriek</i>	Amount of contribution (\$) <i>\$ 50⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 637 Sugar Land TX 77476</i>		
Principal occupation / Job title (See Instructions) <i>Organizer</i>		Employer (See Instructions) <i>AFT of Texas</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Guess</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>
Contributor address; City; State; Zip Code <i>8303 Running Bird Ln Missouri City TX 77489</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>LCISD</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laran Vendo</i>	7 Amount of contribution (\$) <i>\$ 100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1703 Lake Quitman Drive Richmond TX 77406</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions) <i>retired</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bridre Kelley</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>
Contributor address; City; State; Zip Code <i>7631 S. Glen Willow Lane Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>Pharmacist</i>		Employer (See Instructions) <i>Walgreens</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Collin Steele</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>547 Heights Blvd Houston TX 77007</i>		
Principal occupation / Job title (See Instructions) <i>Political Director</i>		Employer (See Instructions) <i>US Congress</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Lawson</i>	Amount of contribution (\$) <i>\$ 50⁰⁰</i>
Contributor address; City; State; Zip Code <i>22126 Emerald Run Lane Richmond TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Intern</i>		Employer (See Instructions) <i>Fort Bend County</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Bridgette Smith Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>April Johnson</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1670 E. Kingman Pl Casa Grande, AZ 85122</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions) <i>retired</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kendralyn Jasper</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>7210 Reading Rd # 603 Rosenberg TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Fort Bend County</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dylan Russell</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>4514 Pebblestone Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Hoover Slavacek LLP</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arika Landry</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>3410 S Ripples Court Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Pearland ISD</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Middleton</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 2574 Sugar Land, TX 77487</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Middleton Law Firm</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justine Cherne</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6026 Rawlins Rd Needville TX 77461</i>		
Principal occupation / Job title (See Instructions) <i>Legal Assistant</i>		Employer (See Instructions) <i>Allen Boone Humphrie</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Goodwill Pierre</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2100 Travis St #3A Houston TX 77002</i>		
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Self</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rolf Krueger</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1947 Misty Falls Ln Richmond, TX 77407</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Fort Bend County</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Huma Ahmed</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>10314 Raritan Drive Houston TX 77043</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Fort Bend County</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pleshetta Johnson-Wiggins</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>1411 Cross Valley Drive Sugar Land TX 77479</i>		
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions) <i>AFR/self employed</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christine Beliard</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>7706 Northwoods Drive Sugar Land TX 77479</i>		
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions) <i>UT</i>
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrea Williams</i>	Amount of contribution (\$) <i>200⁰⁰</i>
Contributor address; City; State; Zip Code <i>18131 Gaudry Path Richmond TX 77407</i>		
Principal occupation / Job title (See Instructions) <i>Controller</i>		Employer (See Instructions) <i>Brookstone, LP</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/10/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zeeshan Ishaq</i>	7 Amount of contribution (\$) <i>3000</i>
6 Contributor address; City; State; Zip Code <i>4803 Fairford Drive Sugar Land, TX 77479</i>		
8 Principal occupation / Job title (See Instructions) <i>Business Technology Consultant</i>		9 Employer (See Instructions) <i>Zeeshan On Air</i>
Date <i>6/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Salvatore Lopiccolo</i>	Amount of contribution (\$) <i>2500</i>
Contributor address; City; State; Zip Code <i>3902 Bountiful Crest Ln Sugar Land TX 77479</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Fort Bend County</i>
Date <i>6/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Calhoun</i>	Amount of contribution (\$) <i>1000</i>
Contributor address; City; State; Zip Code <i>126 Amite Street Jackson MS 39201</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>IMS</i>
Date <i>6/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberts Markland Clive Markland</i>	Amount of contribution (\$) <i>1000</i>
Contributor address; City; State; Zip Code <i>2555 N. Macgregor Houston TX 77004</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Attorney/Owner</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/29/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Harris</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1200 Smith St # 1550 Houston TX 77002</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>The Harris Law Firm</i>
Date <i>6/30/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Husein Hadi</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>410 Thistle Hill Court Houston TX 77479</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>The Hadi Law Firm</i>
Date <i>6/30/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noman Husain</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>5508 Westheimer, # 400 Houston TX 77057</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Husain Law</i>
Date <i>6/30/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerald Womack</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>4412 Alameda Rd Houston TX 77004</i>		
Principal occupation / Job title (See Instructions) <i>Broker/Owner</i>		Employer (See Instructions) <i>Womack Development</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>06/30/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mustafa Tameez</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1518 Crystal Hills Houston TX 77077</i>		
8 Principal occupation / Job title (See Instructions) <i>Self</i>		9 Employer (See Instructions) <i>Self Employed</i>
Date <i>05/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Grady Prestage</i>	Amount of contribution (\$) <i>2,500⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 355 Missouri City TX 77576</i>		
Principal occupation / Job title (See Instructions) <i>Commissioner</i>		Employer (See Instructions) <i>Fort Bend</i>
Date <i>05/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin Patton / Patton Insurance</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>2204 Thompson Ad Richmond TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Insurance Broker</i>		Employer (See Instructions) <i>Self / Patton Insurance</i>
Date <i>05/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Owens Groves</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>4726 Alvin Street Houston TX 77033</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/20/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dexter McCoy</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 1398 Richmond TX 77406</i>		
8 Principal occupation / Job title (See Instructions) <i>Commissioner</i>		9 Employer (See Instructions) <i>Fort Bend</i>
Date <i>05/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lineberger Coogan Blair Sampson</i>	Amount of contribution (\$) <i>1500⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX 75760</i>		
Principal occupation / Job title (See Instructions) <i>Law Firm</i>		Employer (See Instructions) <i>Law Firm</i>
Date <i>06/09/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Cannata</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>1505 Callanay Cove Ct Rosenberg, TX 77471</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>06/07/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beverly Walker</i>	Amount of contribution (\$) <i>150⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 434 Richmond TX 77406</i>		
Principal occupation / Job title (See Instructions) <i>District Clerk</i>		Employer (See Instructions) <i>Fort Bend</i>

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Brigitte Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judith Hamiz</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>3226 Dandelion Drive Richmond TX 77469</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions) <i>retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mubashir Chaudry</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>1 Sugar Creek Center #618 Sugarland TX 77478</i>		
Principal occupation / Job title (See Instructions) <i>President & CEO</i>		Employer (See Instructions) <i>Universal Surgical Assistants</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Baig Mohammed</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>13112 Haven Falls Ln Sugarland TX 77478</i>		
Principal occupation / Job title (See Instructions) <i>self</i>		Employer (See Instructions) <i>self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Blak Ventures LLC</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>7179 FM 1464 #360 Houston TX 77093</i>		
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgette Smith-Lanson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/27/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ragbir Pancaal</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>14 Harbourview Drive Sugar Land TX 77478</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/30/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tammie Campbell</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1219 Kings Creek Trail Missouri City TX 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/21/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bridgette Smith-Lanson</i>	Amount of contribution (\$) <i>26.00</i>
Contributor address; City; State; Zip Code <i>22126 Emerald Run Ln Richmond TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Fort Bend County</i>
Date <i>06/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bridgette Smith-Lanson</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>22126 Emerald Run Ln Richmond TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Fort Bend County</i>

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>6/9/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Soren Valverde/The Graphics</i>	8 Amount of Contribution \$ <i>\$490</i>	9 In-kind contribution description <i>step and repeat banner for campaign kickoff event</i>
7 Contributor address; City; State; Zip Code <i>11730 Wilcrest Houston TX 77099</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>6/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mayra In Marie / Essence Dance Group</i>	Amount of Contribution \$ <i>300⁰⁰</i>	In-kind contribution description <i>Event Expense entertainment and decor for campaign kickoff event</i>
Contributor address; City; State; Zip Code <i>1438 Manor Drive Baytown TX 77521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgette Smith-Lawson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01/30/23</i>	5 Payee name <i>FedEx Office</i>	
6 Amount (\$) <i>\$64.94</i>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>	(b) Description <i>printing expense</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>01/31/23</i>	Payee name <i>Wells Fargo</i>	
Amount (\$) <i>\$10.00</i>	Payee address;	City; State; Zip Code <i>Rosenberg TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>banking fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>02/28/23</i>	Payee name <i>Wells Fargo</i>	
Amount (\$) <i>\$10.00</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>banking fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgette Smith-Lauson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/20/23</i>	5 Payee name <i>Parcel Plus</i>	
6 Amount (\$) <i>\$ 156.00</i>	7 Payee address; City; State; Zip Code <i>5826 New Territory Sugarland TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead/rental expense</i>	(b) Description <i>cost for business address/mailbox</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3/31/23</i>	Payee name <i>Wells Fargo</i>	
Amount (\$) <i>410.00</i>	Payee address; City; State; Zip Code <i>Rosenberg TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>banking fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4/28/23</i>	Payee name <i>Wells Fargo</i>	
Amount (\$) <i>910.00</i>	Payee address; City; State; Zip Code <i>Rosenberg TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>banking fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgette Smith-Lansen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/15/23</i>	5 Payee name <i>Senoj Events</i>	
6 Amount (\$) <i>\$1000</i>	7 Payee address; City; State; Zip Code <i>Houston TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>decor, Od, etc. for campaign kickoff event; deposit for services</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/18/23</i>	Payee name <i>Mimis Cafe / Michelle Forman</i>	
Amount (\$) <i>1920⁰⁰</i>	Payee address; City; State; Zip Code <i>1833 Richmond Pkwy #2100 Richmond TX 77469</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense/food beverage</i>	Description <i>deposit for event venue, food & beverage for campaign kickoff event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>05/27/23</i>	Payee name <i>Mimis Cafe / Michelle Forman</i>	
Amount (\$) <i>1,600</i>	Payee address; City; State; Zip Code <i>1833 Richmond Pkwy #2100 Richmond, TX 77469</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense/food beverage</i>	Description <i>payment for event venue, food & beverage for campaign kickoff event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgette Smith-Lansen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/31/23</i>	5 Payee name <i>Wells Fargo</i>	
6 Amount (\$) <i>\$10.00</i>	7 Payee address:	City; State; Zip Code <i>Rosenberg TX</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>banking fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6/29/23</i>	Payee name <i>Wix.com</i>	
Amount (\$) <i>\$26.90</i>	Payee address:	City; State; Zip Code <i>San Francisco, CA 94158</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense fees</i>	Description <i>costs for webpage domain renewal fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Bridgette Smith-Lansen</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>05/27/23</i>	6 Payee name <i>Mimis New Orleans Cafe</i>	
7 Amount (\$) <i>\$680.00</i>	8 Payee address; City; State; Zip Code <i>1633 Richmond Pkwy #2100 Richmond TX 77469</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense / food beverage expense</i>	(b) Description <i>balance for venue, food & beverage for campaign kickoff event</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date <i>6/6/23</i>	Payee name <i>Senou Events</i>	
Amount (\$) <i>\$800.00</i>	Payee address; City; State; Zip Code <i>Houston TX</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>balance for decor and expense for campaign kickoff</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 6/9/23	5 Payee name Kirby Williams / Kirby Photography	
6 Amount (\$) 9150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description photography & videography for campaign kickoff
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

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

1 C/OH NAME

Bridgette Smith-Lawson

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

5 OFFICEHOLDER

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



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

[Signature]

Signature of Officeholder