		CEHOLDER CE REPORT	1			FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ett	nics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFIC	E USE ONLY
NAME	Mr	Daryl		L	Date Received	
	NICKNAME	Smith		SUFFIX Sr		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2506 Stillwe Missouri City	l St.	CITY; STA	TE; ZIP CODE	-	FEB 7 2024
Change of Address	1051 0005	DUONE NUMBER	EVT	- FNOIGN		
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	854-8943	EXI	ENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mr	Monte		Q	Date Processed	
17 1012	NICKNAME	NICKNAME LAST SUFFIX Redmond			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3026 Palm Harbour Dr Missouri City TX 77489					
8 CAMPAIGN TREASURER PHONE	(832)	368-2585	EXTI	ENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	treasurer (Officehole	**
	July 15	8th day before e	election	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 15 / 24	THROUGH	Month 02	Day Ye	
11 ELECTION	Month Day	Year Primary Genera		Other Description		
12 OFFICE	OFFICE HELD (if any) Fort Bend County Precinct 2 Constable 13 OFFICE SOUGHT (if known) Fort Bend County Precinct 2 Constable					
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	IERAL COMMITTEE ADDRESS				
, त्ववत्त्ववाद्याः । ब्रुप्ट	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TO	REASURER ADDRES	S		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Daryl Smith Sr			16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		N	\$	0.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 1	,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			0.00
	4. TOTAL POLITICAL EXPENDITURES				0.00
CONTRIBUTION BALANCE	1 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				,865.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS C G PERIOD	OF THE	\$ 20	,126.95
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, the	hat the-accompanying report is tru	ue and cor	rect and incl	udes all information
	quired to be reported by me under Title 15, E			•	
		[.]. [] (t	7	
		MARY L	ml	-)V.	
		Signature of Ca	andidate o	or Officehold	er
	Please comp	lete either option belov	N:		
-					
6	JAMES L. GOULDSMITH				
	NOTARY PUBLIC, STATE OF TEXAS				
(1) Affidavit	Notary ID #5740051 Expires November 18, 2025				
	CAPITOS NOVEMBER 10, 2023				
NOTARY STAMP/SEA	1 1 1 6	. 1	١	~	\
Sworn to and subscribed	before me by ARY L.	m this the	97	day of	ebru ARY,
1 11	which, witness my hand and seal of office.		•		
20	Amrs ((Caldenth	,	Nothon.	Dilic
Signature of officer administe	1, 1	icer administering oath	/	Title of office	r administering oath
Signature of American	Timed flame of one	_			
(2) Unsworn Declarati	on	OR			
My name is		and my date of birth is	s		
		,,,,			
My address is	(street)	(city)	(state)	zip code)	(country)
Executed in	,		()	20	()
Executed in	Outlity, State of	, on the day of (mont	th)	(year)	•
		Signature of Candi	idate/Office	eholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

-	19 FILER NAME Daryl Smith Sr			ion Filers)
21		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			1,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

in the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:				
2 FILER NAME Daryl Smith	n Sr	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC A Plus Custom's 7 Restoration Center	7 Amount of contribution (\$)				
2/1/2024	6 Contributor address; City;	1500.00				
	4403 BlueBonnet Dr. Houston					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
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.