CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/On Instruction (Guide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Daryl		MI L	OFFIC	E USE ONLY
NAME	NICKNAME	Smith		suffix Sr	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	2506 Stillwel Missouri City	l St	CITY; STAT	TE; ZIP CODE		JAN 17 2024
G CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 854-8943	EXT	ENSION	Date Hand-deliver	ed or Date Postmarked
CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	Monte LAST Redmond		SUFFIX	Date Imaged	
CAMPAIGN TREASURER ADDRESS (Residence or Business)	3026 Palm H Missouri City		SUITE #;	CITY;	STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	(832)	PHONE NUMBER 368-2585	EXTE	ENSION		
REPORT TYPE	January 15 July 15	30th day before 8th day before e		Runoff Exceeded Modified	treasurer (Officeho	after campaign appointment ider Only) oort (Attach C/OH - FR)
PERIOD COVERED	Month 7	Day Year / 16 / 23	THROUGH	Reporting Limit Month	Day Ye	ar 4
1 ELECTION	Month Day	Year Primary General		Other Description		
2 OFFICE	OFFICE HELD (if any) Fort Bend Cour	nty Precinct 2 Constal		ICE SOUGHT (if known		Constable
NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MA	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OI
(,,	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE CAMPAIGN TR	EASIDED NAME			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

07 11111 7 11 01			
15 C/OH NAME Daryl Smith Sr		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		692.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,192.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1,200.00
	4. TOTAL POLITICAL EXPENDITURES	\$	11,212.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$	2,365.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	20,126.95
NOTARY F	S.L. GOULDSMITH PUBLIC, STATE OF TEXAS ry ID #5740051 November 18, 2025 Please complete either option below:		Sm. K. Sm.
(1) Affidavit			
Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declaration	which, witness my hand and seal of office. Amos L. Good Smith ring oath Printed name of officer administering oath OR	E/e	y of <u>January</u> , extims <u>Verk</u> of officer administering oath
	, and my date of birth is _		.
My address is		tate) (zip o	code) (country)
Executed in	County, State of , on the day of(month)	, 20	0 (vear)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	DARYL SMITH SR		
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,192.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$	4,176.31
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	5,836.16
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:		
2 FILER NAME DARYL S	MITH		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
07/16/2023	6 Contributor address; City; State	e; Zip Code	200.00		
8 Principal occu		nployer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
07/16/2023	Contributor address; City; State		100.00		
	18515 TIMBER SHORES LANE HUMBLE	E TX 77346			
Principal occup	ation / Job title (See Instructions)	nployer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)		
07/16/2023	KEVIN GLENN	Zin Code	100.00		
	501 ULRICH SUGARLAND TX 774				
Principal occup	eation / Job title (See Instructions)	nployer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
07/16/2023	JAMES JOHNSON WILLIAMS Contributor address; City; State	e; Zip Code	250.00		
6115 WILLPOINT LANE RICHMOND TX 77469					
Principal occup	eation / Job title (See Instructions)	nployer (See Instruction	ons)		
		-			

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		3 Filer ID (Ethics Commission Filers)	
4 Date 07/15/2023	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 300.00	
8 Principal occu	pation / Job title (See Instructions) 9 Em	nployer (See Instruct	ions)
Date 07/20/2023	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of contribution (\$) 1,000.00
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instruct	ions)
Date 07/16/2023	Full name of contributor out-of-state PAC (ID#:	; Zip Code	Amount of contribution (\$) 100.00
Principal occup	eation / Job title (See Instructions)	ployer (See Instruct	ions)
07/16/2023	619 ELM VIEW CT STAFFORD TX	; Zip Code	Amount of contribution (\$) 250.00
Principal occup	auton / 300 title (See Instructions)	proyer (See Institute	

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	s form.	1 Total pages Schedule A1:
2 FILER NAME DARYL S	MITH SR		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC CHARITY CARTER	C (ID#:)	7 Amount of contribution (\$)
08/24/2023	6 Contributor address; City;	State; Zip Code	100.00
	1959 TEXAS PARKWAY MISSOUR	I CITY TX 77489	100100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/30/2023	Contributor address; City; State; Zip Code		100.00
	7514 SAN CLEMENTE POINT CT K	100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
Date	Full name of contributor out-of-state PAC (ID#:) CWA COPE PCC		Amount of contribution (\$)
11/28/2023		State; Zip Code DC 20001	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/09/2023	FORT BEND UNITED		F00 00
, _, ~ ~ , _ ~ _ ~	Contributor address; City; State; Zip Code		500.00
	PO BCAX 420811 HOUSTON		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DARYL SMITH SR 4 Date 5 Payee name 12/15/2023 FORT BEND COUNTY DEMOCRATIC PARTY 6 Amount (\$) 7 Payee address: City; State; Zip Code 13515 SOUTHWEST FWY SUGARLAND TX 77748 1,000.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **FEES** CAMPAIGN PUSH CARD FEE **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date 08/15/2023 MR JI CONNNECTIONS Amount (\$) Payee address; State; Zip Code PO BOX 2082 MISSOURI CITY TEXAS 77489 568.31 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE AD PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE **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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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
Other (extra category not listed above)

Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DARYL SMITH SR 5 Payee name 4 Date 11/11/2023 **FBCDP** 6 Amount (\$) 7 Payee address; City; State; Zip Code 13515 SOUTHWEST FWY SUGARLAND TX 77478 1,000.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **FEES** FILING FEE **PURPOSE** EXPENDITURE 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 Pavee name Date 12/10/2023 MR JI CONNECTIONS Amount (\$) Payee address; City; State: Zip Code PO BOX 2082 MISSOURI CITY TEXAS 77459 580.00 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE **ADS PURPOSE** 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 Pavee name Date 12/12/2023 TGM PRINTING Amount (\$) Payee address; State; Zip Code 13910 MURPHY ROAD STAFFORD TX 77477 1,028.00 Description Category (See Categories listed at the top of this schedule) **PRINTING** YARD SIGNS **PURPOSE** 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURI	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Office Ov Polling E printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NAME DARYL SMITH SR			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name				
01/09/2024	TGM PRINTING				
6 Amount (\$) 736.10 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 13910 MURPHY RD STAFFORD TX 77477				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the PRINTING	top of this schedule)	dule) (b) Description BANNER		
	(c) Check if travel outside of Texas. C	Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne	Office sought		Office held
Date	Payee name				
01/09/2024	TGM PRINTING				
Amount (\$) 1,179.93 Reimbursement from political contributions intended	Payee address; 13910 MURPHY RD S	TAFFORD T	City; X 77477	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the PRINTING	top of this schedule)	Pescription YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	e	Office sought	,	Office held
Date	Payee name				
01/05/2024	TGM PRINTING				
Amount (\$)	Payee address;		City;	State;	Zip Code
920.13	13910 MURPHY RD				
Reimbursement from political contributions intended	STAFFORD TX 77477				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the t	op of this schedule)	Description		
	Check if travel outside of Texas. C	complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	е	Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense By 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/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME DARYL SMITH		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
11/24/2023	TLS SPORTSWEAR				
6 Amount (\$) 3,000.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6208 SYDNEY DR. WACO TX 76708				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho	(b) Description SHIRTS			
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description			
	Check if travel outside of Texas, Complete Schedule T. Check if Aust		n, TX, officeholder living expense		
		Office sought	Office held		
Date	Payee name				
Amount (\$) Reimbursement from	Payee address;	City;	State; Zip Code		
political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	edule) Description			
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austi	n, 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 NEED	DED		