# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

					<b>C</b> 1 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	s filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Keisha	MI	OFFIC	CE USE ONLY
NAME	NICKNAME K. T.	LAST Smith	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 9315 Hodges	s Bend Dr, Housto	city; state; zip code n, Texas 77083		JAN 17 2024 R
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	PHONE NUMBER 882-3757	EXTENSION	Date Hand-delive	ered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Flocesseu	
		Shannon		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S #300, Sugar Land		STATE;	ZIP CODE
(Residence or Business)					
CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	-	
TREASURER			EXTENSION		
	(281)	652-7200			
TREASURER PHONE				treasure	y after campaign r appointment older Onlv)
TREASURER PHONE	(281)	652-7200	election Runoff	(Officeho	
TREASURER PHONE 9 REPORT TYPE	(281) January 15 July 15 Month	652-7200	election Runoff ection Exceeded Modified Reporting Limit Month	treasure (Officeho Final Re	r appointment older Only) port (Attach C/OH - FR) //ear
TREASURER PHONE 9 REPORT TYPE 10 PERIOD COVERED	(281) January 15 July 15 Month	652-7200 30th day before ele Bay Year 1 24	election Runoff ection Exceeded Modified Reporting Limit Month	treasure (Officeho Final Re Day Y	r appointment older Only) port (Attach C/OH - FR) //ear
TREASURER PHONE REPORT TYPE	(281) January 15 July 15 Month 7 ELECTION DAT	652-7200 30th day before ele Bth day before ele Day Year 1 24 TE	election Runoff ection Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other	treasure (Officeho Final Re Day Y	r appointment older Only) port (Attach C/OH - FR) //ear
TREASURER PHONE REPORT TYPE	(281) January 15 July 15 Month 7 ELECTION DAT	652-7200 30th day before ele Bth day before ele Day Year 1 24 TE	election Runoff ection Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE	treasure (Officeho Final Re Day Y	r appointment older Only) port (Attach C/OH - FR) //ear
TREASURER PHONE REPORT TYPE PRIOD COVERED 1 ELECTION	(281) January 15 July 15 Month 7 ELECTION DAT Month Day	652-7200 30th day before ele Bay Year 1 24 TE Year Primary	election Runoff ection Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description	Day Y 31 2	r appointment older Only) port (Attach C/OH - FR) fear 2.4
TREASURER         PHONE         REPORT TYPE         PERIOD         COVERED         1 ELECTION         2 OFFICE         4 NOTICE FROM         POLITICAL	(281) January 15 July 15 Month 7 ELECTION DAT Month Day 3 5 OFFICE HELD (if any)	652-7200 30th day before ele Bath day before ele Day Year 1 24 TE Year Year 24 E of PollITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES	election Runoff ection Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known)	Day Y 31 2 Contraction Day Y 31 2 Contraction Contrecon Contraction Contraction Contraction Contraction Contrac	r appointment older Only) port (Attach C/OH - FR) fear 24 cinct 4 committees to support folder's KNOWLEDGE or
TREASURER         PHONE         REPORT TYPE         PERIOD         COVERED         ELECTION         OFFICE         NOTICE FROM	(281) January 15 July 15 Month 7 ELECTION DAT Month Day 3 5 OFFICE HELD (if any)	652-7200 30th day before ele Bath day before ele Day Year 1 24 TE Year Year 24 E of PollITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES	ection Runoff ection Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known) JUSTICE OF the Pe ACCEPTED OR POLITICAL EXPENDITURES MA S MAY HAVE BEEN MADE WITHOUT THE CAND	Day Y 31 2 Contraction Day Y 31 2 Contraction Contrecon Contraction Contraction Contraction Contraction Contrac	r appointment older Only) port (Attach C/OH - FR) fear 24 cinct 4 committees to support folder's KNOWLEDGE or
TREASURER         PHONE         REPORT TYPE         PERIOD         COVERED         ELECTION         2 OFFICE         4 NOTICE FROM         POLITICAL	(281) January 15 July 15 Month 7 ELECTION DAT Month Day 3 5 OFFICE HELD (if any) THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	652-7200 30th day before ele Bay Year 1 24 TE Year Year 24 Primary General E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	ection Runoff ection Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known) JUSTICE OF the Pe ACCEPTED OR POLITICAL EXPENDITURES MA S MAY HAVE BEEN MADE WITHOUT THE CAND	Day Y 31 2 Contraction Day Y 31 2 Contraction Contrecon Contraction Contraction Contraction Contraction Contrac	r appointment older Only) port (Attach C/OH - FR) fear 24 cinct 4 committees to support folder's KNOWLEDGE or
TREASURER         PHONE         PREPORT TYPE         PREPORT TYPE         PERIOD         COVERED         ELECTION         PREPORT EROM         POLITICAL         COMMITTEE(S)	(281) January 15 July 15 Month 7 ELECTION DAT Month Day 3 5 OFFICE HELD (if any) THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	652-7200 30th day before ele Bay Year Day Year 1 24 TE Year 24 Primary General E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIL COMMITTEE NAME	ection Runoff ection Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known) JUSTICE OF THE CAND KED TO REPORT THIS INFORMATION ONLY IF T	Day Y 31 2 Contraction Day Y 31 2 Contraction Contrecon Contraction Contraction Contraction Contraction Contrac	r appointment older Only) port (Attach C/OH - FR) fear 24 cinct 4 committees to support folder's KNOWLEDGE or

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Revised 8/17/2020

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16 Filer	ID (Ethics Commission Filers)
Keisha "K.T." Smith			
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	;)	\$ 2,580.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 3,142.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	OF THE	\$ 0.00
18 SIGNATURE I SI	wear, or affirm, under penalty of perjury, that the accompanying report is tru	ue and cor	rect and includes all information
	Please complete either option below		or Officeholder
(1) Affidavit	NOTARY PUBLIC, STATE OF TEXAS Notary ID #12670040-8 EXPIRES October 29, 2024		
NOTARY STAMP/SEAL Sworn to and subscribed	before me by <u>Keisha K.T. Smith</u> this the	17	day of Jahvary,
	which, witness my hand and seal of office. <u>USUN I vene Amegum</u>		notary
Signature of officer administer	ring oath Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declaratio	on		
My name is	, and my date of birth i	is	<u> </u>
My address is		,	
			(zip code) (country)
Executed in	County, State of , on the day of (mon	ith)	_, 20 (year)
	Signature of Cano	didate/Offic	eholder (Declarant)

## SUBTOTALS - C/OH

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

	er NAME : ha "K.T." Smith	20 Filer ID (Ethics Commis	sion Filers)	
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,580.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	7,500.00	
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$	2,580.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	562.31	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	ONS RETURNED \$		

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Keisna K	5 Full name of contributor out-of-state PAC (ID#: )	7 Amount of contribution (#)
- Duit	5 Full name of contributor out-of-state PAC (ID#:) Rewa Flyes	7 Amount of contribution (\$)
10/09/2023	6 Contributor address; City; State; Zip Code	25.00
	PO BOX 740034, Houston, TX 77274	20.00
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/08/2023	Kevin Murray	250.00
	Contributor address; City; State; Zip Code 1101 Summer Street, Houston, TX. 77007	200.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor         out-of-state PAC (ID#:)	Amount of contribution (\$)
0/08/2023	Sivivian Merrick	25 00
	Contributor address;City;State;Zip Code15515 Pebble Bend Drive, Houston, TX 77068	25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/08/2023	Daja Minor Contributor address; City; State; Zip Code	100.00
	9002 Ruston Oaks Court, Houston, TX 77088	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1: 4         2 FILER NAME Keisha "K.T." Smith       3 Filer ID (Ethics Commission Filers)         4 Date       5 Full name of contributor Kristi Randolph       7 Amount of contribution (\$) 10/07/2023         6 Contributor address;       City;       State; Zip Code         16524 Space Center Blvd., Houston, TX 77058       7 Amount of contribution (\$) 1000.000         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date       Full name of contributor address;       City;         09/25/2023       Full name of contributor Bridgette Harris Contributor address;       City;         09/19/2023       Full name of contributor Contributor address;       City;         08/30/2023       Full name of contributor Soft Wildgrass Ct, Sugar Land, TX 77498		ARY POLITICAL CONTRIBUT		SCHEDULE A1
Keisha "K.T." Smith       Image: Contributor address;       City:       State:       Zip Code         10/07/2023       S Full name of contributor address;       City:       State:       Zip Code         16524 Space Center Blvd., Houston, TX 77058       Image: Code       Image: Code       Image: Code         8       Principal occupation / Job title (See Instructions)       Image: Code       Amount of contribution (S)         09/25/2023       Full name of contributor address;       City:       State:       Zip Code         09/25/2023       Full name of contributor address;       City:       State:       Zip Code         09/25/2023       Full name of contributor address;       City:       State:       Zip Code         09/19/2023       Full name of contributor address;       City:       State:       Zip Code         09/19/2023       Full name of contributor code       City:       State:       Zip Code       255.000         09/19/2023       Full name of contributor code       City:       State:       Zip Code       250.000         08/30/2023       Full name of contributor code       City:       State:       Zip Code       5000.000         08/30/2023       Full name of contributor code       City:       State:       Zip Code       5000.000	The	Instruction Guide explains how to complete this fe	orm.	1 Total pages Schedule A1: 4
10/07/2023       Image: difference of contributor address;       City;       State: Zip Code       1000.000         6       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of contribution (6)         09/25/2023       Full name of contributor address;       City;       State: Zip Code       1000.000         09/25/2023       Full name of contributor address;       City;       State: Zip Code       1000.000         09/25/2023       Full name of contributor address;       City;       State: Zip Code       1000.000         09/25/2023       Full name of contributor address;       City;       State: Zip Code       1000.000         09/19/2023       Full name of contributor       out-of-state PAC (ID#		.T." Smith		3 Filer ID (Ethics Commission Filers)
Date       Full name of contributor       out-of-state PAC (ID#		6 Contributor address; City;	State; Zip Code	
Bridgette Harris Contributor address;       City:       State:       Zip Code       1000.000         29134 Davenport Drive, Katy, TX 77494       Indouced of contributor       1000.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (s)         Date       Full name of contributor       out-of-state PAC (ID#	8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date 09/19/2023       Full name of contributor Eugene Fisher Contributor address; City: State; Zip Code 1502 Enclave Pkwy. , Houston, TX 77077       Amount of contribution (\$) 255.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date 08/30/2023       Full name of contributor Monique Wakefield Contributor address; City: State; Zip Code 9614 Wildgrass Ct, Sugar Land, TX 77498       Amount of contribution (\$) 5000.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Bridgette Harris Contributor address; City;	State; Zip Code	
09/19/2023       Eugene Fisher       25.000         Contributor address:       City:       State:       Zip Code         1502 Enclave Pkwy., Houston, TX 77077       Employer (See Instructions)       25.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
08/30/2023       Monique Wakefield Contributor address;       City;       State;       Zip Code         9614 Wildgrass Ct, Sugar Land, TX 77498       500.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       500.000	09/19/2023	Eugene Fisher <sup>Contributor address; City;</sup> 1502 Enclave Pkwy. , Houston, T	State; Zip Code TX 77077	25.00
9614 Wildgrass Ct, Sugar Land, TX 77498         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Attach Additional Copies of This Schedule As NEEDED			0#:)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	08/30/2023			500.00
	Principal occup			ions)
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	sted information is not applicable, <b>DO NOT include this page in the</b>	героп.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
<sup>2</sup> FILER NAME Keisha "K	.T." Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5     Full name of contributor     out-of-state PAC (ID#:)       Deidre Hitchens	7 Amount of contribution (\$)
07/20/2023	6 Contributor address;City;State;Zip Code3103 Clyburn Ct., Missouri City, TX 77459	25.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	itions)
Date	Full name of contributor     out-of-state PAC (ID#:)       Nora Harmon	Amount of contribution (\$)
07/16/2023	Contributor address; City; State; Zip Code 7383 skylane drive, Riversale, GA	25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor     out-of-state PAC (ID#:)       Melvin Mackey (LaNeeka Vernado)	Amount of contribution (\$)
09/19/2023	Contributor address; City; State; Zip Code 343 Bramlett way, Powder, GA. 30127	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor     out-of-state PAC (ID#:)	Amount of contribution (\$)
07/03/2023	Stacey Smith         Contributor address;       City;       State;       Zip Code	100.00
	7319 Comal Dr, Irving, TX 75039	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	
Forms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/202

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
If the reque	sted information is not applicable, <b>DO NOT include this page in the</b>	e report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4			
<sup>2</sup> FILER NAME Keisha "K	.T." Smith	3 Filer ID (Ethics Commission Filers)			
4 Date 07/01/2023	5       Full name of contributor       out-of-state PAC (ID#:)         Yvonne Fisher       6         6       Contributor address;       City;         19327       Mission Cove Ln, TX 77407	7 Amount of contribution (\$) 50.00			
8 Principal occu	apation / Job title (See Instructions) 9 Employer (See Instru	ctions)			
Date 07/01/2023	Full name of contributor       out-of-state PAC (ID#:)         Yvette Fisher	Amount of contribution (\$)			
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)			
Date	Full name of contributor       out-of-state PAC (ID#:)         Jordan M Smith (Heison, Co.)         Contributor address;       City;       State;       Zip Code         6303 S. Saddle Creek Lane., Fulshear, TX 7741	Amount of contribution (\$) 1,080.00			
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	I reporting requirements.			
Forms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020			

### PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Schedu	le B:
<sup>2</sup> FILER NAME Keisha "K	.T." Smith	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date 12/21/2023	<ul> <li>6 Full name of pledgor □ out-of-state PAC (ID#:</li></ul>	te; Zip Code	8 Amount   of Pledge \$   7,500.00   Check if travel outsid	<ul> <li>9 In-kind contribution description</li> <li>e of Texas. Complete Schedule T.</li> </ul>
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; Sta		Amount   of Pledge \$     	In-kind contribution description
			Check if travel outsid	e of Texas. Complete Schedule T.
Principal occup	bation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; Sta	te; Zip Code	Amount of I Pledge \$     	In-kind contribution description
		Employer (See		e of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code	     Check if travel outsid	e of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES (		LE AS NEEDED	
lf	contributor is out-of-state PAC, please see Instr			requirements.

	EXPENDITURES MADE TICAL CONTRIBUTIONS			sc	HEDULE F1	
If the requested int	formation is not applicable, DO NOT incl	ude t	his page in the re	eport.		
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         Credit Card Payment       Credit Card Payment       The Instruction Guide explains how to complete this form.       Other (enter a category not listed above)						
1 Total pages Schedule F1: 2	<sup>2</sup> FILER NAME Keisha "K.T." Smith			3 Filer ID (E	thics Commission Filers)	
4 <sub>Date</sub> 08/27/2023	5 Payee name INNOVATIVE SOLUTIONS IT					
6 Amount (\$) 589.78	7 Payee address;		City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this sched	dule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising/Printing Expense		Campaign Sig	ns		
	(c) Check if travel outside of Texas. Complete Schedu	le T.	Check if Austir	n, TX, officeholder li	ving expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Keisha "K.T." Smith	Ji	Office sought ustice of the Peace,	Pct. 4	Office held	
Date	Payee name					
09/26/2023	INNOVATIVE SOLUTIONS IT					
Amount (\$) 360.22	Payee address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Advertising/Printing Expense	ıle)	Description Campaign Sig	ns		
	Check if travel outside of Texas. Complete Schedul	e T.	Check if Austin	a, TX, officeholder li	ving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Keisha "K.T." Smith	Ju	Office sought ustice of the Peace,	Pct. 4	Office held	
Date	Payee name					
09/16/2023	Texas Democrats - Van Payment	-Tex	kas Voter File			
Amount (\$) 550.00	Payee address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Other		Description Van Payment -	Texas Vote	er File	
EN ENDIONE	Check if travel outside of Texas. Complete Schedul	eT	Charle if Austin	, TX, officeholder liv		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought stice of the Peace, F		Office held	
	ATTACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEE	DED		

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## 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 E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/M	kpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		IAME 'K.T." Smith			3 Filer ID (Ethic	s Commission Filers)
4 <sub>Date</sub> 11/30/2023	5 Payee n					
6 Amount (\$) 1,080.00	7 Payee a 13910 N	<sup>ddress;</sup> Iurphy Road, Stafford	, TX 77	City; 477	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Adverti	y (See Categories listed at the top of this sing/Printing Expense		(b) Description Campaign Sig		
9 Complete ONLY if direct	(c) Candio	Check if travel outside of Texas. Complete S late / Officeholder name	Schedule T.	Check if Aust Office sought	in, TX, officeholder living	Office held
expenditure to benefit C/OF	<sup>+</sup> Keisha	a "K.T." Smith	J	ustice of the Peace	, Pct. 4	
Date	Payee na	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this standard sta Standard standard st Standard standard stand Standard standard stand Standard standard stand Standard standard stand Standard standard standard standard standard standard standard standa	schedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	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 (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5	Keisha "K.T." Smith		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 0.00
5 Date	6 Payee name		
08/27/2023	INNOVATIVE SOLUTIONS IT		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
219.38			
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising/Printing Expense	chedule) (b) Description Campaign Si	gns
	(c) Check if travel outside of Texas. Complete Se	chedule T. Check if Au	stin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Keisha "K.T." Smith	Office sought Justice of the Peace, F	Office held Pct. 4
Date	Payee name		
08/07/2023	Cyber Cinco Graphic Design		
Amount (\$)	Payee address;	City;	State; Zip Code
65.00			
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Grapic Desig	In
	Check if travel outside of Texas. Complete S	chedule T. Check if Au	ustin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Keisha "K.T." Smith	Justice of the Peace, P	
•			
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED
		-1-1	Deviced 9/17/2020

	RES MADE BY CREDIT		SCHEDULE F4
	mation is not applicable, <b>DO NOT inc</b>	lude this page in the rej	port.
	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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 F4:	2 FILER NAME Keisha "K.T." Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 0.00
5 Date 09/30/2023	6 Payee name Google		
<sup>7</sup> Amount (\$) 57.13	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising	(b) Description Email Domai	n
	(C) Check if travel outside of Texas. Complete Se	chedule T. Check if Au	stin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Keisha "K.T." Smith	Office sought Justice of the Peace, F	Office held Pct. 4
Date 12/21/2023	Payee name Wix.com		
Amount (\$) 36.80	Payee address; 2155 E. GoDaddy Way, United	City; d States	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Advertising Expense	schedule) Description Website Don	nain
	Check if travel outside of Texas. Complete S	chedule T. Check if Au	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Keisha "K.T." Smith	Office sought Justice of the Peace, P	Office held lct. 4
	ATTACH ADDITIONAL COPIES OI	F THIS SCHEDULE AS NE	EDED

# 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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Distri	pment & Related Expense
	The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER NAME Keisha "K.T." Smith			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00					
5 Date	6 Payee name				
11/21/2023	Wix.com				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
36.80					
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expense	chedule)	(b) Description Website Dom	ain	
	(c) Check if travel outside of Texas. Complete S	chedule T.	Check if Aus	stin, TX, officeholder livir	g expense
11       Candidate / Officeholder name       Office sought       Office held         Complete ONLY if direct expenditure to benefit C/OH       Keisha "K.T." Smith       Justice of the Peace, Pct. 4					
Date	Payee name				
10/21/2023	Wix.com				
Amount (\$)	Payee address;		City;	State;	Zip Code
36.80	2155 E. GoDaddy Way, United	d States	3		
TYPE OF EXPENDITURE	Political     Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Advertising Expense	schedule)	Description Website Dom	nain	
	Check if travel outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, officeholder livi	ng expense
	Candidate / Officeholder name	Of	fice sought	Office	neld
Complete ONLY if direct expenditure to benefit C/OH Keisha "K.T." Smith Justice of the Peace, Pct. 4					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
					Daviaged 9/17/2020

# 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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Transpo Travel II Travel C	n District Out Of District	nent & Related Expense
1 Total pages Schedule F4:	2 FILER NAME			3 Filer I	ID (Ethics C	commission Filers)
	Keisha "K.T." Smith					
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00						
5 Date	6 Payee name					
09/21/2023	Wix.com					
7 Amount (\$)	8 Payee address;		City;		State;	Zip Code
36.80						
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expense	chedule)	(b) Description Website Dom	ain		
	(c) Check if travel outside of Texas. Complete Se	chedule T.	Check if Aus	stin, TX, offic	ceholder living	expense
11       Candidate / Officeholder name       Office sought       Office held         Complete ONLY if direct expenditure to benefit C/OH       Keisha "K.T." Smith       Justice of the Peace, Pct. 4						
Date	Payee name					
08/21/2023	Wix.com					
Amount (\$)	Payee address;		City;		State;	Zip Code
36.80	2155 E. GoDaddy Way, United	d States	5			
TYPE OF EXPENDITURE	Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Advertising Expense	schedule)	Description Website Dom	nain		
	Check if travel outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, offi	iceholder living	expense
	Candidate / Officeholder name	Ot	ffice sought		Office he	eld
Complete ONLY if direct expenditure to benefit C/OH Keisha "K.T." Smith Justice of the Peace, Pct. 4						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITUR	RES MADE BY CREDI	T CARD	SCHEDULE F4		
If the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
	EXPENDITURE CATEO	GORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	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 F4:	2 FILER NAME Keisha "K.T." Smith		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 0.00		
5 Date 07/25/2023	6 Payee name Wix.com				
7 Amount (\$) 36.80	<ol> <li>Payee address;</li> <li>2155 E. GoDaddy Way, United</li> </ol>	City; d States	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	schedule) (b) Description Website Dom	nain		
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense		
11       Candidate / Officeholder name       Office sought       Office held         Complete ONLY if direct expenditure to benefit C/OH       Keisha "K.T." Smith       Justice of the Peace, Pct. 4					
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	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 expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		