

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 <i>Bridgette</i>	MI
	NICKNAME	LAST <i>Smith-Lawson</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>5826 New Territory Blvd #813 Sugarland, Tx 77479</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(832) 859 9240</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<i>Subriya Gee</i>	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	<i>5826 New Territory Blvd #813 Sugarland TX 77479</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(832) 373 6503</i>		
9 REPORT TYPE	<input checked="" 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 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
<i>07 / 01 / 2024 THROUGH 12 / 31 / 2024</i>			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<i>11 / 05 / 2024</i>	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
<i>County Attorney - Fort Bend County Attorney - Fort Bend</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY	
Date Received	
JAN 15 2025 RCV	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

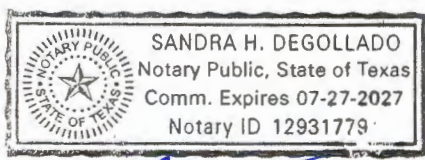
15 C/OH NAME <i>Bridgette Smith-Lawson</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>\$7,637.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>9,234.34</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>992.53</i>

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 Smith-Lawson* this the *15th* day of *January*, 20 *25*, to certify which, witness my hand and seal of office.
Sandra H. Degollado *Sandra H. Degollado*
 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 <i>Bridgette Smith-Lansun</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>7,637.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9,234.34</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

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>07/05/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wineburger, Gorgan, Blair, + Sampson</i>	7 Amount of contribution (\$) <i>\$1,500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX 75760</i>		
8 Principal occupation / Job title (See Instructions) <i>Law Firm/attorneys</i>		9 Employer (See Instructions) <i>Law Firm/Wineburger Gorgan</i>
Date <i>07/03/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bria M. Lawson</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>
Contributor address; City; State; Zip Code <i>22126 Emerald Run Ln Richmond, TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Student</i>		Employer (See Instructions) <i>Student/unemployed</i>
Date <i>09/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Husch Blackwell LLP</i>	Amount of contribution (\$) <i>\$ 1,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>8001 Forsyth Blvd # 1500 St. Louis, MO 63105</i>		
Principal occupation / Job title (See Instructions) <i>Law Firm/attorneys</i>		Employer (See Instructions) <i>Law Firm Husch Blackwell</i>
Date <i>10/31/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brielle Lawson</i>	Amount of contribution (\$) <i>\$5.00</i>
Contributor address; City; State; Zip Code <i>22126 Emerald Run Ln Richmond TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Student</i>		Employer (See Instructions) <i>student/unemployed</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>Bridgette Smith-Lawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/08/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kavita Sneed</i>	7 Amount of contribution (\$) <i>\$32.00</i>
6 Contributor address; City; State; Zip Code <i>13328 Westheimer Rd Houston, TX 77077 Apt # 6101</i>		
8 Principal occupation / Job title (See Instructions) <i>Executive Assistant</i>		9 Employer (See Instructions) <i>Fort Bend County</i>
Date <i>11/19/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin Matecha</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>1600 Hwy 6, Ste 245 Sugar Land TX 77478</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/19/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew + Annette Schutte</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>6330 Montrose Blvd Houston, TX 77005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

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 | 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 F1:	2 FILER NAME <i>Bridgette Smith-Lawson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>07/01/24</i>	5 Payee name <i>Wix.com</i>	
6 Amount (\$) <i>\$29.49</i>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense/fees</i>	(b) Description <i>costs for webpage domain renewal 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>07/08/24</i>	Payee name <i>Alpha Kappa Alpha, Alpha Gamma Alpha Omega Chapter, Inc.</i>	
Amount (\$) <i>\$146.39</i>	Payee address;	City; State; Zip Code <i>Richmond TX 77406</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>cost for tickets to charitable event as an official</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>07/08/24</i>	Payee name <i>Everready Masonic Lodge #506</i>	
Amount (\$) <i>\$200.00</i>	Payee address;	City; State; Zip Code <i>Rosenberg TX 77471</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>cost for tickets to charitable event. Annual Gala</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	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 F1:	2 FILER NAME <i>Bridgette Smith Lawson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>07/10/24</i>	5 Payee name <i>Keri Cannata</i>	
6 Amount (\$) <i>\$50.00</i>	7 Payee address; City; State; Zip Code <i>701 Jackson Street Richmond TX 77469</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>memorials expense</i>	(b) Description <i>donation toward floral arrangement for employee that loss relative</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>07/16/24</i>	Payee name <i>Congressional Black Caucus Foundation, Inc</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>1720 Massachusetts Ave, NW Washington DC 20036</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>cost for tickets for CBC foundation 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>07/18/24</i>	Payee name <i>Katy Area Democrats</i>	
Amount (\$) <i>\$150.00</i>	Payee address; City; State; Zip Code <i>Katy TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>donation towards event for community</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

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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 | 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 F1:	2 FILER NAME <i>Bridgette Smith-Lawson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>07/18/24</i>	5 Payee name <i>HEB</i>	
6 Amount (\$) <i>452.00</i>	7 Payee address; City; State; Zip Code <i>19900 Southcrest Fwy Sugar Land TX 77479</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event/food expense</i>	(b) Description <i>items purchased for employee retirement party</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>07/22/24</i>	Payee name <i>Bridgette Smith-Lawson</i>	
Amount (\$) <i>\$311.73</i>	Payee address; City; State; Zip Code <i>22126 Emerald Run Ln Richmond TX 77469</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense/food expense</i>	Description <i>reimbursement for expenses paid from personal funds for done campaign/</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>07/23/24</i>	Payee name <i>Briden Victory Fund</i>	
Amount (\$) <i>\$100⁰⁰</i>	Payee address; City; State; Zip Code <i>430 South Capitol Street SE Washington, DC 20003</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>contribution/donations made by officeholder</i>	Description <i>donation to campaign</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 | 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 F1:		2 FILER NAME <i>Brigitte Smith-Hanson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>07/29/24</i>		5 Payee name <i>Wix.com</i>			
6 Amount (\$) <i>\$29.99</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense/fees</i>		(b) Description <i>costs for webpage domain & renewal 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>08/02/24</i>		Payee name <i>Avenida South Garage (Downtown Houston)</i>			
Amount (\$) <i>\$2200</i>		Payee address; City; State; Zip Code <i>Houston TX 77002</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>transportation expense</i>		Description <i>parking fees for downtown to attend speech for VP K. Harris on July 31st</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>08/06/24</i>		Payee name <i>Takasha Francis for Judge Campaign</i>			
Amount (\$) <i>\$10000</i>		Payee address; City; State; Zip Code <i>P.O. Box 300166 Houston TX 77230</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>contribution/donation by officeholder</i>		Description <i>donation to campaign</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	

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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	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 - Hansen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>06/07/24</i>	5 Payee name <i>Walmart</i>	
6 Amount (\$) <i>\$109.44</i>	7 Payee address; <i>5330 FM 1670</i>	City; State; Zip Code <i>Richmond TX 77469</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>donation by officeholder event expense</i>	(b) Description <i>school supplies purchased for donation to annual school supply drive</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>06/16/24</i>	Payee name <i>Make a Wish Foundation Event @ Muggiano's</i>	
Amount (\$) <i>\$2000</i>	Payee address; <i>12625 SW Hwy</i>	City; State; Zip Code <i>Stafford TX 77477</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation by officeholder</i>	Description <i>donation towards Make A Wish Foundation Event @ Muggiano's</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>06/16/24</i>	Payee name <i>Carolyn Penn / Penn Enterprises</i>	
Amount (\$) <i>\$15000</i>	Payee address; <i>P.O. Box 740862</i>	City; State; Zip Code <i>Houston TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food expense</i>	Description <i>payment for cake for birthday campaign fundraiser Event June 2024</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 | 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 F1:	2 FILER NAME <i>Bridgette Smith-Lansen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08/19/24</i>	5 Payee name <i>National Coalition of 100 Black Women</i>	
6 Amount (\$) <i>\$100.00</i>	7 Payee address; <i>448 West 19th Street</i>	City; State; Zip Code <i>Houston TX 77008</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>contribution/donation made by officeholder</i>	(b) Description <i>donation made for NCBW event and induction of members</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>08/23/24</i>	Payee name <i>Fort Bend Senior Meals on Wheels Gala</i>	
Amount (\$) <i>\$150.00</i>	Payee address; <i>1330 Band Road</i>	City; State; Zip Code <i>Rosenberg TX 77471</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>ticket to attend gala for Senior Meals on Wheels 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>08/26/24</i>	Payee name <i>Patrick Quinney for Constable</i>	
Amount (\$) <i>\$100.00</i>	Payee address; <i>5614 W. Grandparkway S #102 #253</i>	City; State; Zip Code <i>Richmond TX 77406</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation/contribution made</i>	Description <i>donation to campaign</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	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 F1:	2 FILER NAME <i>Bridgette Smith-Hansen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08/23/24</i>	5 Payee name <i>Wix.com</i>	
6 Amount (\$) <i>\$220.83</i>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense fees</i>	(b) Description <i>fees for website domain maintenance/renewal</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>08/26/24</i>	Payee name <i>Matthew Carter</i>	
Amount (\$) <i>\$75.00</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>salaries/wages</i>	Description <i>payment to photographer to cover photos for an 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>08/26/24</i>	Payee name <i>Collin Alfred Campaign</i>	
Amount (\$) <i>\$100.00</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation/contribution made</i>	Description <i>donation to the Collin Alfred campaign</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

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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 | 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>Brigitte Smith-Hansen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>06/29/24</i>	5 Payee name <i>Assuring Hands Massage</i>	
6 Amount (\$) <i>\$225.00</i>	7 Payee address; City; State; Zip Code <i>3054 Cullen Parkway Pearland TX 77584</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description <i>provided chair massages to staff for end of summer office 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	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

Date <i>06/30/24</i>	Payee name <i>HEB</i>	
Amount (\$) <i>\$56.99</i>	Payee address; City; State; Zip Code <i>23500 Circle Oak Pkwy Richmond TX 77469</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <i>Food items purchased for staff end of summer office 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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

Date <i>09/10/24</i>	Payee name <i>Julia F. Thompson Foundation, Inc</i>	
Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>5680 Hwy 6, Missouri City TX 77459</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>contribution/donation by officeholder</i>	Description <i>donation to local annual golf tournament for academic scholarship for youth</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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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-Lansley</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/16/24</i>	5 Payee name <i>Felicia Moon, Precinct Coordinator</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>3311 Raleigh Row Missouri City TX 77459</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>donation/contribution by officeholder</i>	(b) Description <i>monetary donation made to pay block walker, poll walker, & snacks for the walk</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>09/20/24</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>\$39.15</i>	Payee address; City; State; Zip Code <i>5530 FM 1670 Richmond TX 77469</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>note pads, pens supplies purchased for precinct chair breakfast</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>09/23/24</i>	Payee name <i>Lydia's Restaurant</i>	
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>939 Eldridge Rd Sugar Land TX 77478</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense/food expense</i>	Description <i>food/breakfast purchase for precinct chair breakfast</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

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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>09/23/24</i>	5 Payee name <i>Ever Ready Masonic Lodge #506</i>	
6 Amount (\$) <i>\$400.00</i>	7 Payee address; City; State; Zip Code <i>429 West Street Rosenberg TX 77471</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description <i>addtl ticket costs for charitable annual gala 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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>09/23/24</i>	Payee name <i>Walmart</i>		
Amount (\$) <i>\$242.20</i>	Payee address; City; State; Zip Code <i>5530 FM 1640 Richmond TX 77469</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donations made by officeholder</i>	Description <i>gift cards purchased for donation for the Senior Citizens Day @ Fort Bend County Fair</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
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Date <i>09/25/24</i>	Payee name <i>Muzammil Eddie Sajjad</i>		
Amount (\$) <i>\$175.00</i>	Payee address; City; State; Zip Code <i>10862 Redstone Ct. Missouri City TX 77459</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing/advertising expense</i>	Description <i>payment for inclusion of campaign print materials</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
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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)

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|--|-------------------------------|--------------------------------|--|
| 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 F1:	2 FILER NAME <i>Bridgette Smith-Lawson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/30/24</i>	5 Payee name <i>Home Depot</i>	
6 Amount (\$) <i>\$35.66</i>	7 Payee address; <i>10419 S Texas Hwy 6</i>	City; State; Zip Code <i>Sugar Land TX 77498</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising/printing expenses</i>	(b) Description <i>purchased zip ties for campaign signs</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
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Date <i>10/07/24</i>	Payee name <i>A Place for Dreamers</i>		
Amount (\$) <i>\$429.00</i>	Payee address; <i>9435 Oberrender Rd</i>	City; State; Zip Code <i>Needville, TX 77461</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising/event expense</i>	Description <i>horse rentals for official (myself) to ride in Fort Bend City Fair parade</i>	
	(c) <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
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Date <i>10/10/24</i>	Payee name <i>UH BAA (Univ of Houston Black Alumni Assoc.)</i>		
Amount (\$) <i>\$25.00</i>	Payee address; <i>University of Houston</i>	City; State; Zip Code <i>Houston TX 77204</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>contribution/donation by officeholder</i>	Description <i>donation made for UH BAA homecoming 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		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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 F1:	2 FILER NAME <i>Bridgette Smith-Hanson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/16/24</i>	5 Payee name <i>Vaskey Media Group (D-Mars)</i>	
6 Amount (\$) <i>\$700.00</i>	7 Payee address; <i>10515 Bellaire 01</i>	City; <i>Houston TX</i> State; <i>TX</i> Zip Code <i>77072</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>paid for digital print campaign advertisement</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
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Date <i>10/29/24</i>	Payee name <i>M3 Graphics</i>	
Amount (\$) <i>\$390.25</i>	Payee address; <i>11730 Wilcrest Drive Houston, TX</i> City; <i>Houston, TX</i> State; <i>TX</i> Zip Code <i>77099</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>new signs and stickers for old campaign signs, pushcards</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
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Date <i>10/31/24</i>	Payee name <i>Wells Fargo</i>	
Amount (\$) <i>\$10.00</i>	Payee address; <i>Rosenberg TX</i> City; <i>Rosenberg TX</i> State; <i>TX</i> Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>banking service 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
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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)

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|--|-------------------------------|--------------------------------|--|
| 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 F1:	2 FILER NAME <i>Bridgette Smith-Hauson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/28/24</i>	5 Payee name <i>Michaux Southern Cuisine</i>	
6 Amount (\$) <i>\$315.00</i>	7 Payee address; City; State; Zip Code <i>6850 Hwy C, Ste 200 Missouri City TX 77459</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description <i>room fees for C/O staff Thanksgiving luncheon</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>11/25/24</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>\$97.96</i>	Payee address; City; State; Zip Code <i>5330 FM 1640 Richmond TX 77469</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation made by office holder / food expense</i>	Description <i>purchased canned goods and dressings, etc for local Thanksgiving</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>11/26/24</i>	Payee name <i>33rd Biennial Debutante Ball / Jacky Hill of America, Inc.</i>	
Amount (\$) <i>\$321.96</i>	Payee address; City; State; Zip Code <i>Houston Chapter 1930 17th St. NW Washington DC 20009</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>travel to attend biennial gala 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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)

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|--|-------------------------------|--------------------------------|--|
| 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 F1:	2 FILER NAME <i>Bridgette Smith-Lawson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/26/24</i>	5 Payee name <i>HEB</i>	
6 Amount (\$) <i>\$399.23</i>	7 Payee address; City; State; Zip Code <i>19900 Southwest Fwy Sugar Land TX 77479</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>donation by officeholder food expense</i>	(b) Description <i>purchased turkeys for local turkey drive for Thanksgiving</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
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Date <i>12/05/24</i>	Payee name <i>Fort Bend Ep/Center</i>		
Amount (\$) <i>\$61800</i>	Payee address; City; State; Zip Code <i>28505 Southwest Fwy Rosenberg TX 77471</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>tickets to annual community holiday gala</i>	
	(c) <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
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Date <i>12/06/24</i>	Payee name <i>HEB</i>		
Amount (\$) <i>\$22.47</i>	Payee address; City; State; Zip Code <i>19900 Southwest Fwy Sugar Land TX 77479</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>purchased balloons for campaign victory party 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		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

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|--|-------------------------------|--------------------------------|--|
| 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 F1:	2 FILER NAME <i>Bridgette Smith-Lansun</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/06/24</i>	5 Payee name <i>Carolyn Penn/Penn Enterprises</i>
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6 Amount (\$) <i>\$150.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 740802 Houston TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food expense</i>	(b) Description <i>cake purchase for campaign victory party</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
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Date <i>12/06/24</i>	Payee name <i>B's Wine Bar</i>
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Amount (\$) <i>\$299.99</i>	Payee address; City; State; Zip Code <i>5027 Hwy 6 Suite 100 Missouri City TX 77459</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event/food/beverage expense</i>	Description <i>expenses purch for food, hosting & beverage for campaign victory party</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
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Date <i>12/10/24</i>	Payee name <i>Sams Club</i>
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Amount (\$) <i>\$41.92</i>	Payee address; City; State; Zip Code <i>351 Hwy 6 Sugar Land TX 77478</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food expense</i>	Description <i>purchased hot cocoa, thermal cups, for refreshments at Toys for Tots drive</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
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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 | 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 F1:	2 FILER NAME <i>Bridgettesmith-Lansen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/12/24</i>	5 Payee name <i>Maggiaro's</i>	
6 Amount (\$) <i>\$164.39</i>	7 Payee address; <i>602 Memorial City Mall</i>	City; State; Zip Code <i>Houston, TX 77024</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food expense</i>	(b) Description <i>Food purchased for CAO Annual Holiday Seasonal Luncheon</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>12/12/24</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>\$35.05</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>equipment related expense</i>	Description <i>camera microphone purchased for use by CAO staff for recordings videos</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>12/11/24</i>	Payee name <i>Starbucks</i>	
Amount (\$) <i>\$190.00</i>	Payee address; City; State; Zip Code <i>2406 Southwest Fry Rosenberg TX 77471</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>gift expense</i>	Description <i>gift cards purchased for CAO staff for seasonal luncheon 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1:	2 FILER NAME <i>Bridgette Smith-Lansun</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/13/24</i>	5 Payee name <i>HEB</i>	
6 Amount (\$) <i>\$25.62</i>	7 Payee address; City; State; Zip Code <i>19900 Southwest Fwy Sugar Land TX 77479</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Event expense</i>	(b) Description <i>food items purchased for refreshments at Toys for Tots Toy Drive</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>12/13/24</i>	Payee name <i>Huma Ahmed</i>	
Amount (\$) <i>\$120.00</i>	Payee address; City; State; Zip Code <i>3211 Stephen Creek Lane Sugar Land TX 77478</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>purchased addl tickets from payee for annual community holiday get-together party</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>12/13/24</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>\$244.65</i>	Payee address; City; State; Zip Code <i>5330 FM 1670 Richmond TX 77469</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation made by officeholder</i>	Description <i>bikes purchased for annual holiday bike dine for kids</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

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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	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 F1:	2 FILER NAME <i>Bridgette Smith-Hansen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/16/24</i>	5 Payee name <i>Fed Ex</i>	
6 Amount (\$) <i>\$69.82</i>	7 Payee address; <i>14056 SW Fwy Sugar Land TX</i>	City; State; Zip Code <i>TX 77478</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printer expense</i>	(b) Description <i>signage needed for annual Toys for Tots by DMC</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
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Date <i>12/16/24</i>	Payee name <i>Felicia Moon / Judge Morgan's CWO Drive</i>	
Amount (\$) <i>\$150.00</i>	Payee address; <i>3311 Raleigh Row</i>	City; State; Zip Code <i>Missouri City, TX 77459</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>contribution/donation made</i>	Description <i>donation made for holiday drive for children in foster care without a home</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
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Date <i>12/20/24</i>	Payee name <i>Fort Bend Epc Center</i>	
Amount (\$) <i>\$123.00</i>	Payee address; <i>28505 Southwest Fwy Rosenberg TX</i>	City; State; Zip Code <i>TX 77471</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>additional tickets purchased for annual holiday community gala</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
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