

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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Bridgette</u> FIRST: <u>SMITH-LANSON</u> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____	OFFICE USE ONLY Date Received RECVD VIA EMAIL 07/15/2025 <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <hr/> Date Processed <hr/> Date Imaged <hr/>	Receipt #	Amount \$							
Receipt #	Amount \$										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>5826 New Territory Blvd</u> APT / SUITE #: <u>#813</u> CITY: <u>Sugar Land</u> STATE: <u>TX</u> ZIP CODE: <u>77479</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(832)</u> PHONE NUMBER: <u>859 9241</u> EXTENSION: _____										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Subirva</u> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>5826 New Territory Blvd</u> APT / SUITE #: <u>#813</u> CITY: <u>Sugar Land</u> STATE: <u>TX</u> ZIP CODE: <u>77479</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(832)</u> PHONE NUMBER: <u>373 6323</u> EXTENSION: _____										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year: <u>07 / 01 / 2025</u> THROUGH Month Day Year: <u>06 / 30 / 2025</u>										
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year: <u>11 / 02 / 2024</u> </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year: <u>11 / 02 / 2024</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year: <u>11 / 02 / 2024</u>	ELECTION TYPE <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): <u>Fort Bend County Attorney</u>										
13 OFFICE SOUGHT (if known)	<u>Fort Bend County Attorney</u>										
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.										
<table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td style="width:80%;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

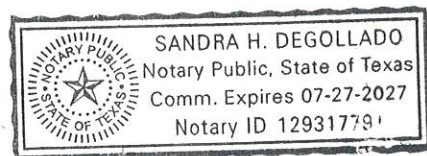
2 of 25

13 C / OH NAME Smith-Lawson, Bridgette	14 Filer ID
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,040.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,161.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,199.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Bridgette Smith-Lawson*, this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

[Signature] *Sandra Degollado* Notary Public
Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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18 FILER NAME Smith-Lawson, Bridgette		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,540.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,161.17
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/25
2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Accouting, PWI <hr/> 6 Contributor address; City; State; Zip Code 2616 South Loop W 650 Houston, TX 77054	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Farha <hr/> Contributor address; City; State; Zip Code 6 Ellicott Way Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker Wotring LLP <hr/> Contributor address; City; State; Zip Code 600 Travis St 6400 Houston, TX 77002	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benton, Levi <hr/> Contributor address; City; State; Zip Code 3417 Milam St. Houston, TX 77002	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Levi Benton & Ass PLLC
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke, Lois <hr/> Contributor address; City; State; Zip Code 4326 Lakeshore Forest Drive Missouri City, TX 77459	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/25
2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Karla 6 Contributor address; City; State; Zip Code 2525 OLD FARM RD 1732 Houston, TX 77063	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Alief ISD
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Francis Contributor address; City; State; Zip Code 2419 Teal Run Place Dr Fresno, TX 77545	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clausell, Sherri Contributor address; City; State; Zip Code 6910 Thornwild Missouri City, TX 77489	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clouser, Lynn Contributor address; City; State; Zip Code 3006 Sadie Court Missouri City, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) VCA
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Sabriya Contributor address; City; State; Zip Code 6707 FAIRWOOD CREEK LN 650 SUGAR LAND, TX 77479-4610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accounting Supervisor		Employer (See Instructions) Oxy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/25
2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID
4 Date 04/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goody, Nobi <hr/> 6 Contributor address; City; State; Zip Code 2616 South Loop 650 Houston, TX 77054	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goody, Nobi <hr/> Contributor address; City; State; Zip Code 2616 South Loop W Houston, TX 77054	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady Prestage Campaign <hr/> Contributor address; City; State; Zip Code P.O. Box 885 Missouri City, TX 77459	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Ronald <hr/> Contributor address; City; State; Zip Code 3757 Parkwood Dr. Houston, TX 77021	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Foley & Lardner		Employer (See Instructions) Attorney
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Ronald <hr/> Contributor address; City; State; Zip Code 3757 Parkwood Dr. Houston, TX 77021	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Foley & Lardner		Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/25
2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Matthew	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 11041 Shadow Creek Parkway Pearland, TX 77584	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Harris engineer department
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LineBarger Goggan Blair & Sampson LLP	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code P.O. Box 7428 Austin, TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Natasha	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 9215 elk mountain Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Prosperity
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Chante	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4002 Silver Ridge Blvd Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) E-commerce		Employer (See Instructions) It,Ãs A Lifestyle Outlet
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCain, Daelyn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3111 Vernon Lang Ct Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/25
2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Andy <hr/> 6 Contributor address; City; State; Zip Code 423 Longview Dr Sugar Land, TX 77478	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Fort Bend County		9 Employer (See Instructions) Commsioner
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montano, Anton <hr/> Contributor address; City; State; Zip Code 1515 Hyde Park 40 Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Fort Bend County		Employer (See Instructions) Civil Attorney
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONeal, Byron <hr/> Contributor address; City; State; Zip Code 4 Chelsea Blvd 1119 Houston, TX 77006	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fort Bend County
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quincy, Patrick <hr/> Contributor address; City; State; Zip Code 1111 Mysterium Ln Rosenberg, TX 77469	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Fort Bend County
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragster, Arien <hr/> Contributor address; City; State; Zip Code 929 North Lakewood Drive Shreveport, LA 71107	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions) Diva of Destinations Travel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 6/7 Rpt: 9/25

2 FILER NAME

Smith-Lawson, Bridgette

3 Filer ID

4 Date
04/23/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Roberts, Greg

7 Amount of Contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
4522 Eagle Mountain Ct
Richmond, TX 77406

8 Principal occupation / Job title (See Instructions)
Fort Bend County

9 Employer (See Instructions)
Regulatory Compliance Officer

Date
03/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Stanley, Melanie

Amount of Contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
3330 Prosperity CT
Missouri City, TX 77459

Principal occupation / Job title (See Instructions)
Nurse Practitioner

Employer (See Instructions)
VM

Date
03/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Thompson, Kaila

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
11910 Joyce Lane
Needville, TX 77461

Principal occupation / Job title (See Instructions)
Health Professional

Employer (See Instructions)
FBC HHS

Date
03/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Turner, Damien

Amount of Contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
5923 Solara Ledge Ln
Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Cox Enterprises

Date
03/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wiseman, Nicolas

Amount of Contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
8315 Bird Meadow Lane
Missouri City, TX 77489

Principal occupation / Job title (See Instructions)
Driver

Employer (See Instructions)
UPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 7/7 Rpt: 10/25

2 FILER NAME

Smith-Lawson, Bridgette

3 Filer ID

4 Date
03/09/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
bobrick, william

7 Amount of Contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
PO box 637
sugar land, TX 77478

8 Principal occupation / Job title (See Instructions)
organizer

9 Employer (See Instructions)
AFT of Texas

Date
03/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
ginyard, cynthia

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
11418 Oak Lake Ridge Court
Sugar Land, TX 77498

Principal occupation / Job title (See Instructions)
Not Employed

Employer (See Instructions)
Not Employed

Date
03/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
semiens, tiffany

Amount of Contribution (\$)
\$10.00

Contributor address; City; State; Zip Code
8218 Cherryshire Ct
Houston, TX 77083

Principal occupation / Job title (See Instructions)
Cosmetologist

Employer (See Instructions)
SCircles

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/39	
2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/01/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micheaux's Catering	8 Amount of contribution (\$) \$600.00	9 In-kind contribution description Luncheon
	7 Contributor address; City; State; Zip Code 6850 Hwy 6 St. 200 Missouri City, TX 77459	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 21/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 05/16/2025	5 Payee name TX Gulf Coast AFL-CIO	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 2506 Sutherland St Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Ticket
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2025	Payee name Texas Party Box	
Amount (\$) \$274.62	Payee address; City; State; Zip Code P.O. Box 2252 Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decor for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/06/2025	Payee name UH Alumni Association	
Amount (\$) \$1,460.00	Payee address; City; State; Zip Code 3204 Cullen Blvd Houston, TX 77204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 22/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 06/21/2025	5 Payee name Walgreens	
6 Amount (\$) \$47.27	7 Payee address; City; State; Zip Code 2203 Texas Pkwy Missouri City, TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Parade
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 04/19/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$25.61	Payee name Walmart Payee address; City; State; Zip Code 5330 FM 1640 Richmond, TX 77469	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$10.00	Payee name Wells Fargo Payee address; City; State; Zip Code 420 Montgomery St. San Francisco, CA 94163	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Service Fee
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 23/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 02/19/2025	5 Payee name Wells Fargo	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 420 Montgomery St San Francisco, TX 94163	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overdraft Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2025	Payee name Whole Foods	
Amount (\$) \$51.98	Payee address; City; State; Zip Code 15900 Southwest Fwy Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD for Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2025	Payee name Wix	
Amount (\$) \$33.82	Payee address; City; State; Zip Code 100 Gansenvoort New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for web page
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 24/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 06/01/2025	5 Payee name YWCA	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1020 19th St. Washington D.C., DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 06/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$100.00	Payee name YWCA Payee address; City; State; Zip Code 1021 19th St. Washington D.C., DC 20037	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH		
Date 05/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$105.64	Payee name YWCA Payee address; City; State; Zip Code 1021 19th St. Washington D.C., DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Ticket
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 12/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 05/23/2025	5 Payee name Amazon	
6 Amount (\$) \$35.21	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/30/2025	Payee name Avenida South Garage	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 1710 Polk St. Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Garage Parking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Garage Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2025	Payee name B's Wine Bar	
Amount (\$) \$551.88	Payee address; City; State; Zip Code 8027 Hwy 6 Suite 100 Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/13 Rpt: 13/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 03/08/2025	5 Payee name C.E. King High School	
6 Amount (\$) \$54.09	7 Payee address; City; State; Zip Code 11433 E. Sam Houston Pkwy N Houston, TX 77044	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Football Team
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Child Advocates of Fort Bend County		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 5403 Avenue N Rosenberg, TX 77471	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gals Ticket
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Dexter McCoy Commissioner Pct		
Amount (\$) \$80.00	Payee address; City; State; Zip Code P.O. Box 1398 Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 14/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 02/10/2025	5 Payee name Evite	
6 Amount (\$) \$73.53	7 Payee address; City; State; Zip Code 310 E. Colorado St. Glendale, CA 91205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for Invitations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2025	Payee name Flavor Fetish	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 15147 O'Hara Dr. Houston, TX 77085	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2025	Payee name Fort Bend County Links Incorporated	
Amount (\$) \$715.00	Payee address; City; State; Zip Code 1200 Massachusetts Ave Washington D.C., DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 15/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 05/16/2025	5 Payee name Fort Bend Regional Council	
6 Amount (\$) \$382.50	7 Payee address; City; State; Zip Code 10435 Greenbough Suite 250 Stafford, TX 77477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon Ticket
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/23/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$230.45	Payee name Gringos Payee address; City; State; Zip Code 24108 Southwest Fwy Rosenberg, TX 77471	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/25/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$21.56	Payee name H-E-B Payee address; City; State; Zip Code 646 S. Flores St San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 16/25		2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID	
4 Date 03/25/2025		5 Payee name Hyde Park Bar and Grill			
6 Amount (\$) \$69.54		7 Payee address; City; State; Zip Code 4206 Duval St. Austin, TX 78751			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food after Testifying on Bill	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/12/2025		Payee name Johnny Tamale			
Amount (\$) \$73.75		Payee address; City; State; Zip Code 2750 FM 1092 Missouri City, TX 77459			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner at Political Meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/01/2025		Payee name Kendleton Floral Club			
Amount (\$) \$100.00		Payee address; City; State; Zip Code P.O. Box 95 Kendleton, TX 77451			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banquet Ticket	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/13 Rpt: 17/25		2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID	
4 Date 03/20/2025		5 Payee name LCISD			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 391.1 Avenue I Rosenberg, TX 77471			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon Ticket	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/19/2025		Payee name MLK Gala			
Amount (\$) \$300.00		Payee address; City; State; Zip Code P.O. Box 1053 Missouri City, TX 77459			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Tickets	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/08/2025		Payee name MLK Gala			
Amount (\$) \$600.00		Payee address; City; State; Zip Code P.O. Box 1053 Missouri City, TX 77459			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Table	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 18/25		2 FILER NAME Smith-Lawson, Bridgette		3 Filer ID	
4 Date 03/07/2025		5 Payee name Parcel Plus			
6 Amount (\$) \$168.00		7 Payee address; City; State; Zip Code 5826 New Territory Blvd Sugar Land, TX 77479			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailbox Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/20/2025		Payee name Quincy4Constable			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 5614 W. Grand Pkwy Ste 102 P.O. Box 253 Richmond, TX 77406			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/10/2025		Payee name Reddix, Lynette			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 8618 Bird Run Dr. Missouri City, TX 77489			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Ticket	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 19/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 03/29/2025	5 Payee name Rosenberg Railroad Museum	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1921 Avenue F Rosenberg, TX 77471	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2025	Payee name Run Sister Run PAC	
Amount (\$) \$123.60	Payee address; City; State; Zip Code P.O. Box 66470 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brunch Ticket
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2025	Payee name Sandy McGees	
Amount (\$) \$86.87	Payee address; City; State; Zip Code 314 Morton Richmond, TX 77469	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 20/25	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 Date 05/09/2025	5 Payee name Sneed, Kayla	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 150 W Sam Houston Pkwy N. 2333 Houston, TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift for Staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name Sneed, Kayla	
Amount (\$) \$115.00	Office sought 150 W Sam Houston Pkwy N 2333 Houston, TX 77024	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary for Staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name Sneed, Kayla	
Amount (\$) \$100.00	Office sought 150 W Sam Houston Pkwy N 2333 Houston, TX 77024	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary for Staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name Sneed, Kayla	
Amount (\$) \$100.00	Office sought 150 W Sam Houston Pkwy N 2333 Houston, TX 77024	
Office held		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 38/39	2 FILER NAME Smith-Lawson, Bridgette	3 Filer ID
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 04/27/2025	6 Payee name Alpha Merit Ball	
7 Amount (\$) \$201.25	8 Payee address; City; State; Zip Code 2313 St. Paul St Baltimore, MD 21218	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Tickets
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

The Instruction Guide explains how to complete this form.

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

Page 25 of 25

1 C/OH NAME

Smith-Lawson, Bridgette

2 Filer ID

attorneybridgette@yahoo.com

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



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

B ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



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

Signature of Candidate

5 OFFICEHOLDER

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



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

Signature of Officeholder