

PERSONAL FINANCIAL STATEMENT

FORM PFS-LOCAL COVER SHEET PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2018, covering calendar year ending December 31, 2017.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

5

Filer ID

1 NAME

TITLE; FIRST; MI

Robert J

NICKNAME; LAST; SUFFIX

Smith

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

310 Faircrest Dr
Garland TX 75040

3 TELEPHONE
NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(469)

223-4723

4 REASON
FOR FILING
STATEMENT

CANDIDATE _____ (INDICATE OFFICE)

ELECTED OFFICER City Council Member, District 8 (INDICATE OFFICE)

OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE April M Smith

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Assets of Business Associations
- N/A Part 11B - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER <hr style="border-top: 1px dotted black;"/> <input type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Total-Apps Inc 26800 Aliso Viejo Parkway Suite 250 Aliso Viejo, CA 92656 Chief Information Security Officer <hr style="border-top: 1px dotted black;"/> NATURE OF OCCUPATION
INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER <hr style="border-top: 1px dotted black;"/> <input checked="" type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <hr style="border-top: 1px dotted black;"/> NATURE OF OCCUPATION I.T. Consulting
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER <hr style="border-top: 1px dotted black;"/> <input type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Chastain Veterinary Medical Group 6060 LBJ Freeway, Dallas, Texas 75240 Licensed Veterinary Technician <hr style="border-top: 1px dotted black;"/> NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 310 Faircrest Dr, Garland, Dallas County, Texas
3 DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1, Dallas County
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Robert J Smith, April M Smith
5 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2017 and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath