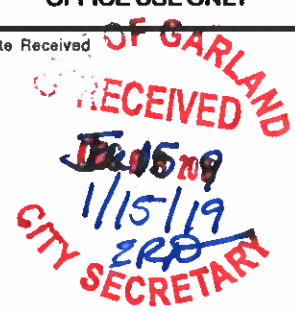


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>  	<b>2 Total pages filed:</b>  <b>9</b>																		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Mr</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:35%;">Robert John</td> <td style="width:5%; font-size: small;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Smith</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr	FIRST	Robert John	MI		NICKNAME		LAST	Smith	SUFFIX		<b>OFFICE USE ONLY</b>  <div style="text-align: center;">  </div>							
MS / MRS / MR	Mr	FIRST	Robert John	MI																	
NICKNAME		LAST	Smith	SUFFIX																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; font-size: small;">ADDRESS / PO BOX; APT / SUITE #;</td> <td style="width:35%;">310 Faircrest Drive</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%;">Garland TX 75040</td> </tr> </table>	ADDRESS / PO BOX; APT / SUITE #;	310 Faircrest Drive	CITY;	STATE;	Garland TX 75040	Date Received Date Hand-delivered or Date Postmarked														
ADDRESS / PO BOX; APT / SUITE #;	310 Faircrest Drive	CITY;	STATE;	Garland TX 75040																	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">AREA CODE</td> <td style="width:35%;">(469 )</td> <td style="width:15%; font-size: small;">PHONE NUMBER</td> <td style="width:35%;">223-4723</td> <td style="width:5%; font-size: small;">EXTENSION</td> <td style="width:10%;"></td> </tr> </table>	AREA CODE	(469 )	PHONE NUMBER	223-4723	EXTENSION		Receipt # Amount \$ Date Processed Date Imaged													
AREA CODE	(469 )	PHONE NUMBER	223-4723	EXTENSION																	
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Mrs</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:35%;">April</td> <td style="width:5%; font-size: small;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Smith</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mrs	FIRST	April	MI		NICKNAME		LAST	Smith	SUFFIX		Receipt # Amount \$ Date Processed Date Imaged							
MS / MRS / MR	Mrs	FIRST	April	MI																	
NICKNAME		LAST	Smith	SUFFIX																	
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;</td> <td style="width:35%;">310 Faircrest Drive</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%;">Garland TX 75040</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	310 Faircrest Drive	CITY;	STATE;	Garland TX 75040															
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<b>8 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">AREA CODE</td> <td style="width:35%;">(214 )</td> <td style="width:15%; font-size: small;">PHONE NUMBER</td> <td style="width:35%;">675-0256</td> <td style="width:5%; font-size: small;">EXTENSION</td> <td style="width:10%;"></td> </tr> </table>	AREA CODE	(214 )	PHONE NUMBER	675-0256	EXTENSION															
AREA CODE	(214 )	PHONE NUMBER	675-0256	EXTENSION																	
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" 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 type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:15%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:10%;"></td> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:15%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">/ 16</td> <td style="text-align: center;">/ 2018</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">01</td> <td style="text-align: center;">/ 15</td> <td style="text-align: center;">/ 2019</td> </tr> </table>			Month	Day	Year		Month	Day	Year	07	/ 16	/ 2018	THROUGH	01	/ 15	/ 2019				
Month	Day	Year		Month	Day	Year															
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<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> </tr> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">/ 04</td> <td style="text-align: center;">/ 2019</td> </tr> </table>	ELECTION DATE			Month	Day	Year	05	/ 04	/ 2019	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		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																					
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<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																				
<b>12 OFFICE</b>	OFFICE HELD (if any) Garland City Council District 8	<b>13 OFFICE SOUGHT (if known)</b> Garland City Council District 8																			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Robert John Smith

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
---	--

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1530.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$755.89
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4548.07
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5001.00

**18 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.

*Robert John Smith*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert John Smith, this the 15<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

*Eloyce Rene Dowl*  
Signature of officer administering oath

Eloyce Rene Dowl  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Robert John Smith		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1530.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 5001.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 755.89
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:  
**4**

2 FILER NAME

**Robert John Smith**

3 Filer ID (Ethics Commission Filers)

4 Date  
**11 January  
2019**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John McDonald**

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**1605 Trowbridge Garland, TX 75044**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

**Self**

Date  
**11 January  
2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert Duckworth**

Amount of contribution (\$)  
**\$200.00**

Contributor address; City; State; Zip Code  
**909 Wakefield Garland, TX 75040**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**Self**

Date  
**11 January  
2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cynthia Adams**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**2414 Richbrook Garland, TX 75044**

Principal occupation / Job title (See Instructions)

**Accountant**

Employer (See Instructions)

**CBRE**

Date  
**11 January  
2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Shirley Miller**

Amount of contribution (\$)  
**\$20.00**

Contributor address; City; State; Zip Code  
**1310 Swallow Lane Garland, TX 75042**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**Self**

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
4

2 FILER NAME

Robert John Smith

3 Filer ID (Ethics Commission Filers)

4 Date  
11 January  
2019

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
William Jason Collard

7 Amount of contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code  
1901 Morningside Garland, TX 75042

8 Principal occupation / Job title (See Instructions)

Loan Servicer

9 Employer (See Instructions)

State Farm

Date  
11 January  
2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Paula Newman

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code  
1310 Swallow Lane Garland, TX 75042

Principal occupation / Job title (See Instructions)

Executive Administrative Assistant

Employer (See Instructions)

THR

Date  
11 January  
2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Christopher Ott

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
901 Bromwich Street Garland, TX 75040

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Rotary Performance

Date  
11 January  
2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Darryl Quigley

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
1012 W. Ave G Garland, TX 75040

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Self

**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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Robert John Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11 January 2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diane Krogman</b> 6 Contributor address; City; State; Zip Code <b>154 Westwood Drive Rockwall, TX 75033</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Accountant</b>		9 Employer (See Instructions) <b>CBRE</b>
Date <b>11 January 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlotte Brant</b> Contributor address; City; State; Zip Code <b>2201 Tiffany Circle Garland, Texas 75043</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>Neurofeedback Technician</b>		Employer (See Instructions) <b>4 Better Sleep</b>
Date <b>11 January 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Abell</b> Contributor address; City; State; Zip Code <b>4005 Princeton Drive Garland, TX 75042</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>United Real Estate</b>
Date <b>11 January 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerra Barnett</b> Contributor address; City; State; Zip Code <b>1305 Leicester Street Garland, TX 75040</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
4

2 FILER NAME

Robert John Smith

3 Filer ID (Ethics Commission Filers)

4 Date  
11 January  
2019

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Brian Andrew Hayes

7 Amount of contribution (\$)  
\$60.00

6 Contributor address; City; State; Zip Code  
2301 Performance Dr #239 Richardson, TX 75082

8 Principal occupation / Job title (See Instructions)

Owner/Architect

9 Employer (See Instructions)

Primal Architecture

Date  
14 January  
2019

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Mark Ulrich

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
2110 Shari Lane Garland, TX 75043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME <b>Robert John Smith</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 5001.00</b>
<b>5</b> Date of loan <b>1/4/2017</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Robert and April Smith</b>	<b>9</b> Loan Amount (\$) <b>\$5001.00</b>
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code <b>310 Faircrest Drive Garland TX 75040</b>	<b>10</b> Interest rate <b>0.00</b>
		<b>11</b> Maturity date <b>n/a</b>
<b>12</b> Principal occupation / Job title (See Instructions) <b>Chief Information Security Officer</b>		<b>13</b> Employer (See Instructions) <b>Total Apps</b>
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**



# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>Robert John Smith</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>6 January 2016</b>	<b>5</b> Payee name <b>Wacky Buttons, Inc</b>				
<b>6</b> Amount (\$) <b>\$54.08</b>	<b>7</b> Payee address; City; State; Zip Code <b>101 Lincoln Parkway A East Rochester, NY 14445</b>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>10 January 2019</b>	Payee name <b>Office Depot</b>				
Amount (\$) <b>\$64.74</b>	Payee address; City; State; Zip Code <b>5205 N. Garland Ave Garland, TX 75040</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>11 January 2019</b>	Payee name <b>The MillHouse Pizzeria and Stage</b>				
Amount (\$) <b>\$637.07</b>	Payee address; City; State; Zip Code <b>532 Main Street Garland, TX 75040</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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**