# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics 0	Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS/ MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	NICKNAME	CLAST	⊰	SUFFIX	Date Received	
4 CANDIDATE/	ADDRESS / PO BOX;	; APT / SUITE #;	Houston Co	ounty Elections		
OFFICEHOLDER MAILING ADDRESS					FEB 2	6 2024
Change of Address	POBN 954 CRULLY TX 75835 RECEIVED					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (036) E	AREA CODE PHONE NUMBER EXTENSION  Date Hand-delivered or Date Postmarked  (036) 300-333				
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI B	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed  Date Imaged	
	. Openitoristic con.	Lucas	2	-pr-commenced and analysis and	Date imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	(NO PO BOX PLEASE); APT	/ SUITE #; CITY	, ,	STATE;	ZIP CODE
(Residence or Business)	1021 CR	3363	Crockets	TX 70	28,32	
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER						
PHONE	(436)	544-7402				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before	CICCUOII	ceeded Modified porting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year					
11 ELECTION	ELECTION DATE  ELECTION TYPE					
III EEEONON	Month Day Year Primary Runoff Other					
	3/5 %	2024 Gener	al Special	Description		
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  10 0 TOU ASSESSOR-Collector to 0 TOU ASSESSOR-Collector					
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 G/OH NAME	oblen	Smith	<b>16</b> 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)		\$ 2770.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2770.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	le,	\$ 654.00
	4.	TOTAL POLITICAL EXPENDITURES	tel	\$ 664.W
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 2282.70
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$
		firm, under penalty of perjury, that the accompanying report is true reported by me under Title 15, Election Code.	e and co	rrect and includes all information
		Signature of Ca	ındidate (	or Officeholder
		Ç		
		Please complete either option below	v:	
(1) Affidavit				
NOTARY STAMP/SEA	L	4		
Sworn to and subscribed	before me	by this the		day of
20, to certify which, witness my hand and seal of office.				
		·		
Signature of officer administe	ring oath	Printed name of officer administering oath		Title of officer administering oath
		) OR	1 100	province Accordance
(2) Unsworn Declaration	on		10	
My name is	116er V	and my date of birth is	UX !	739-1479 15835 Houston
(street) (city) (state) (zip code) (country)				
Executed in County, State of, on the, day of, 20 24 . (wear)				
Signature of Candidate/Officeholder (Declarant)				

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
Larrier Woster Smith	COMPONENTS CONTROL CON	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ /000,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 650.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ «подательной постанований постанований постанований постанований постанований постанований постанований пост Постанований постанований
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

fill out if more than \$1/10

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

in the requested information is not applicable, <b>bo Not include this page in the report.</b>					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	ca Wosten Smith	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Carl ton E. Thin San	7 Amount of contribution (\$)			
25 21 8 Principal occu	6 Contributor address; City; State; Zip Code  1718 Lake Ridg Circle Roshara To 77583  pation / Job title (See Instructions)  9 Employer (See Instructions)	\$250,00 tions)			
g-radio-sector/da					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
1-31-24	Contributor address; City; State; Zip Code  728 FM 2781 Love (aday TX. 7585)	\$250. W			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor	Amount of contribution (\$)			
1-29-24	Contributor address; City; State; Zip Code  1182 CR4200 Lovelody TX 75851	9 500,00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor	Amount of contribution (\$)			
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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5. Pavee name 6 Amount (\$) Payee address; City; State; Zip Code (b) Description Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE (c) Check if Austin, TX, officeholder living Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Pàyee name Payee address; City; Zip Code State: Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH