The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Con	mmission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
		Smith			ASUSTOR Count	y Elections
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE		
OFFICEHOLDER MAILING					oct 07	2024
ADDRESS Change of Address	POBALC	and Am	Nett TK. 7	183-	RECEIV	EL
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSIO	N	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(936) 3	by 3237			Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	R	МІ		
NAME	11145	LAST	D	SUFFIX	Date Processed	
	NICKNAME	Lucas	***************************************	55.17	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT	/ SUITE #; CITY;		STATE;	ZIP CODE
TREASURER ADDRESS	10000	2012	A	,	- n	170/
(Residence or Business)	1027 C	R 3363	Cridley		W. "	2830
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSIO	N		
PHONE	936) 5	44-7402				
9 REPORT TYPE	January 15	30th day befo	re election Runc	off	15th day af treasurer a (Officeholde	
	July 15	8th day before	election	eded Modified rting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	r
	7	15 / 2024	THROUGH	10/	1 / 20	124
11 ELECTION	ELECTION DA	TE Prima		Other		y
	Month Day	Year		Description		
	11/5/	24 7				
12 OFFICE	OFFICE HELD (if any)	+ The A	13 OFFICE SO	OUGHT (if known)		essor-Collectu
14 NOTICE FROM	THIS BOX IS FOR NOTICE	CINTY TOP A	NS ACCEPTED OR POLITICAL E	EXPENDITURES MA	ADE BY POLITICAL COI	MMITTEES TO SUPPORT
POLITICAL /	THE CAMPIDATE / OFFIC	CHAIDED THESE EVECUNITI	IRES MAY HAVE BEEN MADE W QUIRED TO REPORT THIS INFOR	ITHOUT THE CAND	IIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEÉ(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME			
					1	
/	/	COMMITTEE CAMPAIGN	TREASURER ADDRESS			
GO TO PAGE 2						

15 C/OH NAME	Wife Suit	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1327.10		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3327.W		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES (uncludes a \$300 fortisewice charge)	\$ 318095		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 1290.40		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
I	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information		
	Signature of Ca	ndidate or Officeholder		
	Please complete either option below	/ :		
(1) Affidavit				
NOTARY STAMP/SEA	L .			
Sworn to and subscribed		, 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			
(2) Unsworn Declarati	on	18 21 7/		
My name is	and my date of birth is	TO 7585 WA		
My address is	(street) (city) day of (month	state) (zip code) (country)		
	Signature of Candi	date/Officeholder (Declarant)		

SUBTOTALS - C/OH

19 FILER NAME	mmission Filers)			
Larrine Water Smith				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2000 W		
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	\$3180.95		
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 FU	NDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOFILER	TIONS RETURNED	\$		

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Lannic)	Walter Smil	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10	Cather winds	
8/dy	6 Contributor address; City; State; Zip Code	\$100.00
	5616 FM132 (modest to 1835)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
	Retired	
Date	Full name of contributor	Amount of contribution (\$)
124	Burtis Wolfer	
	Contributor address; City; State; Zip Code	9 87(1).(i)
	182 CRYZON limeledy Tro 7585)	00000
Principal occup	nation/ Job title (See Instructions) Employer (See Instruc	tions)
	letind	
Date	Full name of contributor	Amount of contribution (\$)
Sal	17 alimsworth	
8 0	Contributor address; City; State; Zip Code	8/100.00
	GAD ECOLOL AMYCKELL TO THE	
Principal occur	pation / Job_title (See Instructions) Employer (See Instructions)	tions)
T molpar occup	Albert of	
	Mnyeg	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
day	Natronia Hochs	(h) A carle
8/39	Contributor address; City; State; Zip Code	8100W
	1210 W. Honston Chocket To 7585	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
,	Retired	
	Impare	
		\sim
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

		AMERICAN AND AMERICAN PROPERTY OF THE PROPERTY
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Larma	Worth Shut	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8/24	6 Contributor address; Gity; State; Zip Code	#320.W
	530 (21640 Grand 1 Tro 7844	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
^ -		,
Ketire	a.	
Pate	Full name of contributor	Amount of contribution (\$)
8/24	Contributor address; City; State; Zip Code	(140 × 1)
	3275 CR 4120 Crucket To 7835	& IWW
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Dely.	elephoned N/A	
Date	Full name of contributor	Amount of contribution (\$)
8/24	Contributor address; City; State; Zip Code	EIN.W
	728 FM2781 Lowelosty to 7851	
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/24	Contributor address; City; State; Zip Code	BO.W
Bringing aggr	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Sul	H. Implyed NA	•
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Wester Smite	3 Filer ID (Éthics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
8/24	6 Contributor address; City; State; Zip Co	(1)(7)(1)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Co	
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Co	de
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor) Amount of contribution (\$)
	Contributor address; City; State; Zip Co	de
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED
	Il contributor is out-or-state FMO, please see mistruction guide for a	

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 Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
8/24	Messenger	City	State; Zip Code
6 Amount (\$)	7 Payee address; U	City; ∧	State, Zip Code
80.10	119 N. Main St.	Grapele	nd Tx 75844
8	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	- support staff 7/25
PURPOSE OF EXPENDITURE	adulatising 1/28 +	8/4 Schrol du	- support staff 7/25
	(c) Check if travel outside of Texas. Complete School	edule T. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
8/24	Shall and Orlings	~	
Amount (\$)	Payee address;	City;	State; Zip Code
428.W	3275 CR4120	Cnxle	H TO 75835
-	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Code Makessa	T-Shr	rk
EXPENDITORE	Check if travel outside of Texas. Complete School	edule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	1		
Date	Payee name		
\$124	Deplomen Maghica		
Amount (\$)	Payee address;	City;	State; Zip Code
444027	12404 Huy 155 Se	ruth Oyles	TV 75713
PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	
OF EXPENDITURE	advertison amount	(Digons	
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	DED

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
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)

Other (enter a category not listed above) Legal Services 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 anne Rayee name 4 Date Zip Code City; State; Payee address; 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Payee address: Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code City; Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE ck if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Accounting/Banking Fees Food/Beverage Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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 arvouce 4 Date Payee name Zip Code City; State; 7 Payee address; (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State; Zip Code Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 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

	The Instruction Guide explains how to c		
1 Total pages Schedule F1:	2 FILER NAME Wroter Smite	3 Fi	ler ID (Ethics Commission Filers)
4 Date	5 Payee name		
9/3	massenores		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 200.W	119 N. maris 82	Gapeland	Tx. 75844
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description + 900 Friday night	relate Conti- building
PURPOSE			
OF EXPENDITURE	advertism, expense	10 was restave	gry, under the lights it
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/24	Vocanald Marshall		
Amount (\$)	Payee address;	City;	State; Zip Code
05D.W	DDBN4 1184	Cniklet	TV 75835
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			1
OF EXPENDITURE	Ciduatism Oxpense	Push card	design
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI			
Date	Payee name		
01			
19124	Grapeland Chamber of	minerce	
Amount (\$)	Payee address;	City;	State; Zip Code
\$80.00	PO Bry 37	Gazelan	1 To 75864
V V 10	Category (See Categories listed at the top of this schedule)	Description	annual Grapeland
PURPOSE	Cideratione Chaplase	DOUTLES 1717	
OF EXPENDITURE	7	Reamet Feats	sol
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O			
	A CONTRACTOR OF THE	COUEDINE AS NEEDER	
	ATTACH ADDITIONAL COPIES OF THIS	O SCHEDOLE AS MEEDEL	

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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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 (category act listed shows)

Other (enter a category not listed above) Legal Services 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 arunica 4 Date 5 Payee name Zip Code State: 7 Payee address; City; (b) Description 8 **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (C) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Amount (\$) Payee address; Description 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 Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; Payee address; City; Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS.	FIRST LARONICA	MI S	OFFICE	USEONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
		SMITH		Houston Co	ounty Elections
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	APT / SUITE #; C	CITY; STATE; ZIP CODE	JUL 1	5 2024
ADDRESS				17EQ	EIVED
Change of Address	P O BOX 954	CRO	OCKETT, TX. 75835		
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	204-3237	EXTENSION		d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	MRS.	JOAN	В	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		LUCAS			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	1027 CR 336	3	CROCKETT	TX	75835
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(936) 54	4-7402			
9 REPORT TYPE	January 15	30th day before el	lection Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH Month	Day Yea / 15 / H	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	11/5/	24 Seneral	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	"	l h
	HOUSTON COU	NTY TAX A/C	Ho Co Jan	BSESSI-	Ollector
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CANI RED TO REPORT THIS INFORMATION ONLY IF I	DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	TOFNEDAL	COMMITTEE ADDRESS			
Additional Pages	GENERAL				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE			
			salan e see		
GO TO PAGE 2					

15 C/OH NAME		
LARONICA WOO	CEN_SMITH	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	* 970.W
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1470W
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. (\$400) Uncludes Statement Mailing Lee 0)	\$ 201/00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2607.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I sw requ	rear, or affirm, under penalty of perjury, that the accompanying report is true sired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
· · · · · · · · · · · · · · · · · · ·	Please complete either option below:	
1) Affidavit		
NOTARY STAMP/SEAL		
worn to and subscribed be	this the	day of
0, to certify whi	ich, witness my hand and seal of office.	
gnature of officer administering	oath Printed name of officer administering oath	Title of officer administering oath
) Unsworn Declaration		
/ name is LARONICAS / address is P 0 BOX 9	5.4 , and my date of birth is	
	(street) County, State of TEXAS, on the day of (month)	
	Signature of Candidate	e/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	mmission Filers)	
LARONICAS WOOTEN SMITH	Control of the Contro	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 500.00
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 COM	NTRIBUTIONS	\$ 2223.05
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IONS RETURNED	\$

SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	1 Jalosla Carll	3 Filer ID (Ethics Commission Filers)
Larine		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2/2/	Hiphia Steinsbu	0.00.10
2/04	6 Contributor address; City; State; Zip Code	720
	HOPORISCO Graphed TV 1884	
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru	ıctions)
Date	Full name of contributor	Amount of contribution (\$)
	Moderaly Viller 1, 284 or	Amount of contribution (\$)
3/24	Contributor address; City; State; Zip Code	
2/04	Outro de	10010
	MUSACLINGS Grapolad Tx. 1844	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	1 Dillion et ilko Jackson	
3/24	Contributor address; City; State; Zip Code	490.00
100		
	132216 Wemberoarch Spring Tx 17386	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
€		T
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Delevinal access		
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	

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 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME LARONICA WOOTEN SMITH 4 Date Payee name Zip Code City; State; 6 Amount (\$) Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 November 2004 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State; Zip Code 1 W3 PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zip Code State: Amount (\$) Payee address; City; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commis	ssion Filers)	2 Total pages fi	led:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	5	OFFICE	USE ONLY	
NAME	NICKNAME	LAST	su	FFIX	Date Received		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
OFFICEHOLDER	ABBRESS 71 S BOX	74 17 55112 #,	0171, 017(1 <u>2, 21</u> 1	CODE	CER 1	6 2024	
MAILING ADDRESS	000	-1 0					
Change of Address	POBY 954 CRULLY TX. 75835 RECEIVED					SEIVED	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered	or Date Postmarked	
PHONE	(436) 3	404-2331			Receipt #	Amount \$	
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI				
NAME	NICKNAME	LAST		FFIX	Date Processed		
	MONTONIA	1	,		Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE;	ZIP CODE	
TREASURER ADDRESS			0				
(Residence or Business)	11021 CR	3363	Crockets T	X 75	37		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE	(936)	KILL OUR	G-1				
A DEDORT TYPE	(104)	744-1402					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before ele	ection Exceeded Reporting		Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	r (
2/6/2024 THROUGH 2/26/24							
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day Year Primary Runoff Other Description						
	3/5 %	2024 General	Special _				
12 OFFICE	OFFICE HELD (if any)	A 0 11	13 OFFICE SOUGH	HT (if known)		4 1 .	
	HOCO. lay	Lessessor-College	etor Holl	lay	ABSESSON- (ollector	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE 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					
		COMMITTEE ADDRESS					
Additional Pages	GENERAL	33					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS				

GO TO PAGE 2							

15 C/OH NAME	1	0 .11	16 Filer	ID (Ethics Commission Filers)	
Laronica N	obten	Smith		atterior a manage de distrimona representa que consecuente de la consecuente del la consecuente del la consecuente del la consecuente de l	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	١	\$ 2770.00	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2770.00	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	de,	\$ 664.00	
	4.	TO Provite moul Stout matis on fort	Feb-	\$ 664.00	
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 O LAST DAY OF THE REPORTING PERIOD	F THE	\$	
		ffirm, under penalty of perjury, that the accompanying report is tru reported by me under Title 15, Election Code.	e and co	rrect and includes all information	
		<			
		Signature of Ca	andidate	or Officeholder	
Please complete either option below:					
•					
(1) Affidavit					
,					
NOTARY STAMP/SEA	L	disconnection			
Sworn to and subscribed	before me	by this the			
20, to certify which, witness my hand and seal of office.					
Signature of officer administer	ering oath	Printed name of officer administering oath		Title of officer administering oath	
		OR		Depth of Alexander Briefs	
(2) Unsworn Declarati	on		1	1 2.1 . 1 2 1	
My name is					
(street) (state) (zip code), (country)					
Executed in County, State of , on the day of County, 2024. (year)					
Signature of Candidate/Officeholder (Declarant)					
1				, , , , , , , , , , , , , , , , , , , ,	

SUBTOTALS - C/OH

19 FILER NAME	mmission Filers)	
Larrier Woster Smith	P. STANKE CHARTOST CORTUGUIS AND CONTINUE OF THE	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1000,00
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	\$ 650.00	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ Calabanian reconstruction of the second
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ **
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	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.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
25-24	6 Contributor address; City; State; Zip Code				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
1-31-24	Contributor address; City; State; Zip Code) \$350. W			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	(4,			
1-29-24	Contributor address; City; State; Zip Code 1182 CR4200 Lovelody TX 15851	\$ 500,00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor				
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

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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