#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 14 FIRST MS / MRS / MR OFFICE USE ONLY CANDIDATE / **OFFICEHOLDER** Robert Mr. NAME SUFFIX LAST NICKNAME REC'D FEB 26 2024 Smith Bobby STATE; ZIP CODE APT / SUITE #; CITY: 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** 775 Bearden Street, Vidor, TX 77662 MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (409) 790-6084 PHONE Amount \$ Receipt # MI MS / MRS / MR FIRST CAMPAIGN Keith **TREASURER** Mr. Date Processed NAME LAST NICKNAME Date Imaged Merritt ZIP CODE STATE; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN **TREASURER** 6203 Hazelwood, Orange, TX 77633 **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER 8 CAMPAIGN AREA CODE **TREASURER** PHONE 409 ) 882-4540 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) X 8th day before election July 15 Reporting Limit Day Year 10 PERIOD Day Year Month COVERED 2024 24 02 2024 **THROUGH** 26 01 ELECTION TYPE **ELECTION DATE** 11 ELECTION X Primary Runoff Other Month Day . Year General Special 03 / 05 / 2024 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Sheriff of Orange County 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

# SUBTOTALS - C/OH

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

19	FILER NAME Robert L. Smith	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13200.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS	\$ 100.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITI	\$ 7952.48	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	NAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIO	NS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	FICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND COL	NTRIBUTIONS RETURNED	\$

#### 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 T	otal pages Schedule A1:
FILER NAME	Robert L. Smith	3 F	iler ID (Ethics Commission Filers)
Date 01/27/24	5 Full name of contributor	50	amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)  9 En	nployer (See Instructions)	
Date 01/27/24	Full name of contributor		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)	
Date 01/27/24	Full name of contributor		Amount of contribution (\$)
Principal occu		mployer (See Instructions)	
			A
Date 01/27/24	Full name of contributor		Amount of contribution (\$) 100.00
Principal occi		mployer (See Instructions)	
i ililoipai oco	panon, sob une (ese mendenene)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ro	obert L. Smith	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 575.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 222.63
	4. TOTAL POLITICAL EXPENDITURES	\$ 8175.11
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	\$ 14699.67
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	10.
	Milw The	mile
	Please complete either option below:	
(1) Affidavit		
(1) Affidavit  NOTARY STAMP/SEA	Please complete either option below:	
	Please complete either option below:	day of
NOTARY STAMP/SEA	Please complete either option below:	, day of,
NOTARY STAMP/SEA Sworn to and subscribed	Please complete either option below:  AL d before me by this the y which, witness my hand and seal of office.	day of,  Title of officer administering oath
NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify	Please complete either option below:  AL d before me by this the y which, witness my hand and seal of office.	
NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify	Please complete either option below:  AL d before me by this the y which, witness my hand and seal of office.  Printed name of officer administering oath  OR	
NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify  Signature of officer administr  (2) Unsworn Declarate	Please complete either option below:  AL  d before me by this the  y which, witness my hand and seal of office.  dering oath Printed name of officer administering oath  OR	
NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify  Signature of officer administr  (2) Unsworn Declarate  My name isRob	Please complete either option below:  AL  d before me by this the y which, witness my hand and seal of office.  dering oath	Title of officer administering oath
NOTARY STAMP/SEA  Sworn to and subscribed 20, to certify  Signature of officer administr  (2) Unsworn Declarate  My name isRob	Please complete either option below:  AL  d before me by this the  y which, witness my hand and seal of office.  dering oath	Title of officer administering oath  04-20-1969  X, 77662, U.S.  ate) (zip code) (country)
NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify  Signature of officer administr  (2) Unsworn Declarate  My name isRob	Please complete either option below:  AL  d before me by this the  y which, witness my hand and seal of office.  dering oath	Title of officer administering oath  04-20-1969  X 77662 U.S.  ate) (zip code) (country)

#### SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2 of 5
FILER NAME	Robert L. Smith	3 Filer ID (Ethics Commission Filers)
Date 01/27/24	5 Full name of contributor	100.00
Principal occu	pation / Job title (See Instructions)  9 Employer (See	Instructions)
Date 01/29/24	Full name of contributor	100.00
Principal occup	pation / Job title (See Instructions)  Employer (See	Instructions)
Date 01/29/24	Full name of contributor	1000.00
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date 01/29/24	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 300.00
	Contributor address; City; State; Zip Code	9
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3 of 5
FILER NAME	Robert L. Smith	3 Filer ID (Ethics Commission Filers)
Date 01/29/24	5 Full name of contributor out-of-state PAC (ID#: Rudy Sotolongo	1000.00
	6 Contributor address; City; State; Zip Co	
Principal occu	pation / Job title (See Instructions)  9 Employer (S	ee Instructions)
Date 01/29/24	Full name of contributor	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip C	
Principal occup	pation / Job title (See Instructions) Employer (S	see Instructions)
Date 02/02/24	Full name of contributor	5000.00
	Contributor address; City; State; Zip C	
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
Date 02/06/24	Full name of contributor	1000.00
	Contributor address; City; State; Zip C	
	Contributor address; City; State; Zip Co	

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#### SCHEDULE A1

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

obert L. Smith  Full name of contributor  Sam Kittrell	out-of-state PAC	C (ID#:)	3 Filer ID (Ethics Commission Filers)
	out-of-state PAC	2 (ID#: )	
	City;	State; Zip Code	7 Amount of contribution (\$) 500.00
n / Job title (See Instructions)		9 Employer (See Instruction	ons)
Natilie Shue		C (ID#:)  State; Zip Code	Amount of contribution (\$) 50.00
/ Job title (See Instructions)		Employer (See Instruction	ons)
Marie Dempsey			Amount of contribution (\$)
	City;	State; Zip Code	
ı / Job title (See Instructions)		Employer (See Instructi	ons)
Full name of contributor  Donovan Weldon			Amount of contribution (\$) 1000.00
Contributor address;	City;	State; Zip Code	
1 / Job title (See Instructions)		Employer (See Instructi	ions)
	Full name of contributor Natilie Shue Contributor address;  In / Job title (See Instructions) Full name of contributor Marie Dempsey Contributor address; In / Job title (See Instructions) Full name of contributor Donovan Weldon Contributor address;	Full name of contributor	Full name of contributor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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	s form.	1 Total pages Schedule A1: 5 of 5
FILER NAME	Robert L. Smith		3 Filer ID (Ethics Commission Filers)
Date 02/16/24	David Montagne	State; Zip Code	7 Amount of contribution (\$) 1000.00
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 02/20/24	Full name of contributor	AC (ID#:) State; Zip Code	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/23/24	Full name of contributor	AC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Filer NAME   Robert L. Smith   3   Filer ID (Ethics Commission Filers)	Т	The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 1 of 1
5 Date 01/27/24  Chuck Steele  T Contributor address; City; State; Zip Code  T Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Date  Full name of contributor  Full name of contributor  Chuck Steele  T Contributor's principal occupation (FOR JUDICIAL)  T Contributor's employer/law firm (FOR JUDICIAL)  T Contributor's employer/law firm (FOR JUDICIAL)  T Contributor's principal occupation (FOR JUDICIAL)  T Contributor's principal occupation (FOR JUDICIAL)  T Employer (FOR NON-JUDICIAL) (See Instructions)  T Contributor's principal occupation (FOR JUDICIAL)  T Employer (FOR NON-JUDICIAL) (See Instructions)  T Contributor's principal occupation (FOR JUDICIAL)  T Employer (FOR NON-JUDICIAL) (See Instructions)  T Employer (FOR NON-JUDICIAL) (See Instructions)  T In-kind contribution description  T Contributor's principal occupation (FOR JUDICIAL) (See Instructions)  T In-kind contribution description  T Contributor's principal occupation (FOR JUDICIAL) (See Instructions)  T In-kind contribution of Contribution (FOR Non-JUDICIAL) (See Instructions)  T In-kind contribution of Contribution of Texas. Complete Schedul of Texas.	2 FILER NAM	Robert L. Smith		3 Filer ID (Ethics Commission Filers)
O1/27/24  Chuck Steele  Contributor address; City: State: Zip Code  Check if travel outside of Texas. Complete Schedul  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 is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date  Full name of contributor  Out-of-state PAC (ID#:  Contributor address: City: State: Zip Code  Check if travel outside of Texas. Complete Schedul  Contributor address: City: State: Zip Code  Check if travel outside of Texas. Complete Schedul  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00
7 Contributor address; City: State; Zip Code  Check if travel outside of Texas. Complete Schedule  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)  Date  Full name of contributor  Contributor address; City: State; Zip Code  Check if travel outside of Texas. Complete Schedule (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				Contribution \$   description
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)  Date  Full name of contributor  Out-of-state PAC (ID#:  Contributor state PAC (ID#:  Con		7 Contributor address; City; State;	Zip Code	
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)  Date  Full name of contributor  out-of-state PAC (ID#:  Contributor \$\frac{1}{2}\$ Amount of Contribution \$\frac{1}{2}\$ In-kind contribution description  Contributor address; City; State; Zip Code  Check if travel outside of Texas. Complete Schedul  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's iob title (FOR JUDICIAL) (See Instructions)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date  Full name of contributor out-of-state PAC (ID#: Amount of Contribution \$ In-kind contribution description  Contributor address; City; State; Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions
Date    Full name of contributor	14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIA
Contributor address; City; State; Zip Code  Check if travel outside of Texas. Complete Schedul  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Date	Full name of contributor		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's iob title (FOR JUDICIAL) (See Instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)		Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedu
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	
	Contributor	r's principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Contributor	r's employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (if any) (FOR JUDICIA
	If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

	EXPENDITURE CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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: 1 of 5	2 FILER NAME Robert L. Smith		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/24	5 Payee name The Record Live		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
309.00			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	advertising expense	newspap	per ad
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held
Date	Payee name		
01/26/24	Cotton Cargo		
Amount (\$)	Payee address;	City;	State; Zip Code
853.10			
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	advertising expense	shirt scre	eening
	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held
Date	Payee name		
01/27/24	Lake View Exxon		
Amount (\$)	Payee address;	City;	State; Zip Code
53.31			
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	travel in district	fuel	

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Robert L. Smith

Office held

Check if Austin, TX, officeholder living expense

Office sought

Sheriff

## 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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Print	ng Expense ing Expense ries/Wages/Contract Labor r to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 5	2 FILER NAME Robert Smith		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/24	5 Payee name Sam's Wholesale		
6 Amount (\$) 289.51	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedue event expense	(b) Description food, plate	es, drinks
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	T. Check if Aust Office sought Sheriff	in, TX, officeholder living expense Office held
Date 02/02/24	Payee name KOGT		
Amount (\$) 450.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule advertising expense	Description campaig	n ad
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held
Date 02/05/24	Payee name  Lake View Exxon		
Amount (\$) 59.31	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule travel in district	Description fuel	
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

# 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
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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robert Smith 3 of 5 4 Date 5 Payee name 02/09/24 The Record Live 6 Amount (\$) 7 Payee address; City; State; Zip Code 309.00 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** advertising expense newspaper ad EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Sheriff Robert L. Smith Payee name Date The Record Live 02/09/24 Amount (\$) City; State; Zip Code Pavee address: 309.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** advertising expense newspaper ad **EXPENDITURE** Check if travel outside of Texas. 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 Robert L. Smith Sheriff Payee name Date 02/09/24 Loni Lilly Amount (\$) Payee address; City; State; Zip Code 41.13 Description Category (See Categories listed at the top of this schedule) **PURPOSE** web page advertising expense OF EXPENDITURE Check if travel outside of Texas. 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 Robert L. Smith Sheriff

#### **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 Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

FILER NAME Robert Smith  Payee name Lake View Exxon  Payee address;	ow to complete this form.	3 Filer ID (Ethics	s Commission Filers)
Payee name Lake View Exxon			
Lake View Exxon			
Payee address;			
	City;	State;	Zip Code
a) Category (See Categories listed at the top of this sche	edule) (b) Description		
travel in district	fuel		
uavei in district	fuei		
Check if travel outside of Texas. Complete Schede	ule T. Check if Austi	n, TX, officeholder living	g expense
Candidate / Officeholder name	Office sought		Office held
Robert L. Smith	Sheriff		
Payee name			
The Record Live			
Payee address;	City;	State;	Zip Code
Category (See Categories listed at the top of this sched	dule) Description		
advertising expense	newspap	er ad	
Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	n, TX, officeholder living	g expense
Candidate / Officeholder name	Office sought		Office held
Robert L. Smith	Sheriff		
Payee name			
Lake View Exxon			
Payee address;	City;	State;	Zip Code
Category (See Categories listed at the top of this sched	dule) Description		
travel in district	fuel		
Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living	expense
Candidate / Officeholder name	Office sought		Office held
Robert L. Smith	Sheriff		
	c) Check if travel outside of Texas. Complete Sched Candidate / Officeholder name Robert L. Smith  Payee name The Record Live  Payee address;  Category (See Categories listed at the top of this sched advertising expense  Check if travel outside of Texas. Complete Sched Candidate / Officeholder name Robert L. Smith  Payee name Lake View Exxon  Payee address;  Category (See Categories listed at the top of this sched travel in district  Check if travel outside of Texas. Complete Sched Candidate / Officeholder name Robert L. Smith	travel in district    Check if travel outside of Texas. Complete Schedule T.	travel in district    Tuel   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living Candidate / Officeholder name Robert L. Smith   Sheriff

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

		EXPENDITURE CATEGO	RIES FOR BO	X 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Ex			nbursement tal Expense	Travel In District Travel Out Of Distri	uipment & Related Expense
1 Total pages Schedule F1: 5 of 5	2 FILER	NAME Robert Smith			3 Filer ID (Ethic	cs Commission Filers)
4 Date 02/22/24	5 Payeer	The Record Live				
6 Amount (\$) 824.00	7 Payee a	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	a	ory (See Categories listed at the top of this sche		newspaper ad		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  Robert L. Smith		Offic	Check if Aus	stin, TX, officeholder livin	Office held
Date 02/22/24	Payee r	name KOGT				
Amount (\$) 975.00	Payee a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this sched	dule) Des	digital a	d	
		Check if travel outside of Texas. Complete Sched	ule T.	Check if Aus	stin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		idate / Officeholder name pert L. Smith		ce sought eriff		Office held
Date 02/23/24	Payee	Orange County Publishi	ng			
Amount (\$) 2542.50	Payee a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this sched		scription	r ad	
		Check if travel outside of Texas. Complete Sched	ule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		idate / Officeholder name pert L. Smith		ice sought		Office held