CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 1 of 28 MS / MRS / MR FIRST MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Robert Mr. NAME NICKNAME LAST SUFFIX C'D JAN 1 7 2024 Bobby Smith 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (409) PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Keith Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Merritt STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (409) 9 REPORT TYPE 15th day after campaign X January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 12 31 2023 09 01 2023 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION X Primary Runoff Other Month Day Year Description General Special 05 2024 03 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Sheriff of Orange County 14 NOTICE FROM 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. 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Rot	pert L. Smith	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1205.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	\$ 39767.39
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1131.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 25501.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$ 12368.01
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	Please complete either option bel	ow:
(1) Affidavi	My Notary ID # 11333951 Expires August 27, 2026	
Sworn to and subscribed to	pefore me by Robert L Smith this t	the
20 24 , to certify w	which, witness my hand and seal of office. LOG ALOG ing oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaratio	OR In	and the second of the second
	, and my date of birtl	h is
wiy audi 633 i3	(street) (city)	(state) (zip code) (country)
Executed in		onth) (state) (country) (country)
	Signature of Ca	andidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Robert L. Smith	20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 37940.42
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1826.97
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 25306.36
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.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$ 195.38
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 CONTRIBUT	TIONS RETURNED	\$

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1 of 10
FILER NAME	Robert L. Smith	3 Filer ID (Ethics Commission Filers)
4 Date 09/07/23	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 250.00
Principal occ	supation / Job title (See Instructions) 9 Employer (See	Instructions)
Date 09/18/23	Full name of contributor	Amount of contribution (\$) 100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	Instructions)
Date 09/18/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 5000.00
Principal occu	upation / Job title (See Instructions) Employer (See I	Instructions)
Date 09/18/23	Full name of contributor	
Principal occu	upation / Job title (See Instructions) Employer (See I	Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

SCHEDULE A1

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

The	Instruction Guide explains how	v to complete th	is form.	1 Total pages Schedule A1: 2 of 10
FILER NAME	Robert L. Smith			3 Filer ID (Ethics Commission Filers)
Date 09-21-23	5 Full name of contributor Bob Wortham 6 Contributor address;	□ out-of-state P/	State; Zip Code	7 Amount of contribution (\$) 5000.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 09-23-23	Full name of contributor Billy Blanchard Contributor address;	000 1000 1000 1000 1000 1000 1000	AC (ID#:) State; Zip Code	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 09-23-23	Full name of contributor Karen Blanchard		AC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 09-23-23	Full name of contributor Keet GoForth		AC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	8			

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

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: 3 of 10
FILER NAME	Robert L. Smith	3 Filer ID (Ethics Commission Filers)
Date 09-23-23	5 Full name of contributor	7 Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 09-23-23	Full name of contributor	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 09-28-23	Full name of contributor	Amount of contribution (\$) 2500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 09-29-23	Full name of contributor out-of-state PAC (ID#:) Carl Griffith Contributor address; City; State; Zip Code	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4 of 10
FILER NAME	Robert L. Smith	3 Filer ID (Ethics Commission Filers)
Date 10-02-23	5 Full name of contributor	7 Amount of contribution (\$) 5000.00
	6 Contributor address; City; State; Zip Code	94
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	otions)
Date 10-05-23	Full name of contributor	Amount of contribution (\$) 1000.00
	Contributor address: City: State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ttions)
Date 10-10-23	Full name of contributor	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 10-10-23	Full name of contributor	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	etions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1: 5 of 10
FILER NAME	Robert L. Smith	3 Filer ID (Ethics Commission Filers)
Date 10-10-23	5 Full name of contributor	100.00
		te; Zip Code
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10-05-23		100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 10-10-23	Full name of contributor	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 10-10-23	Full name of contributor	100.00
		te; Zip Code
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to co	nplete this form.	1 Total pages Schedule A1: 6 of 10
FILER NAME	Robert L. Smith		3 Filer ID (Ethics Commission Filers)
Date 11-04-23	Rob Strause	ity; State; Zip Code	7 Amount of contribution (\$) 1500.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 11-05-23	Jean Parker	e-of-state PAC (ID#:) ity; State; Zip Code	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11-08-23	Brad Taylor	r-of-state PAC (ID#:)	Amount of contribution (\$) 3000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11-15-23	Faye Smith	ty; State; Zip Code	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

SCHEDULE A1

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

The	Instruction Guide explains ho	w to complete th	nis form.	1 Total pages Schedule A1: 7 of 10
FILER NAME	Robert L. Smith			3 Filer ID (Ethics Commission Filers)
Date 12-15-23	5 Full name of contributor Fred Vernon 6 Contributor address;	□ out-of-state P	State; Zip Code	7 Amount of contribution (\$) 1500.00
Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instruction	ons)
Date 10-03-23	Full name of contributor Don Harmon Contributor address;	□ out-of-state P	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10-03-23	Full name of contributor Corey Sorrel	out-of-state P		Amount of contribution (\$) 1000.00
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	ons)
Date 10-04-23	Full name of contributor Corey Berg	out-of-state P		Amount of contribution (\$) 100.00
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions	*)	Employer (See Instruction	ons)
7 /				

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

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: 8 of 10
FILER NAME	Robert L. Smith	3 Filer ID (Ethics Commission Filers
Date 10-05-23	Full name of contributor	7 Amount of contribution (\$) 1511.00
	6 Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 10-08-23	Full name of contributor	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 10-09-23	Full name of contributor	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code	
Principal occur	pation / Job title (See Instructions) Employer (See Instruct	cions)
Date	Full name of contributor	Amount of contribution (\$) 1000.00
10-10-23		
10-10-23	Contributor address; City; State; Zip Code	
	Contributor address; City; State; Zip Code pation / Job title (See Instructions) Employer (See Instructions)	tions)
		tions)
		tions)

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

SCHEDULE A1

The	Instruction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: 9 of 10
FILER NAME	Robert L. Smith			3 Filer ID (Ethics Commission Filers
Date 10-25-23	5 Full name of contributor Corey Berg 6 Contributor address;	out-of-state PAC (ID#		7 Amount of contribution (\$) 104.42
Principal occu	pation / Job title (See Instructions)	9	Employer (See Instruction	ons)
Date 11-01-23	Full name of contributor Donovan Weldon Contributor address;	□ out-of-state PAC (ID#	itate; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ns)
Date 11-30-23	Full name of contributor Jeffrey Smith Contributor address;	out-of-state PAC (ID#		Amount of contribution (\$) 20.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ns)
Date 12-03-23	Full name of contributor Jericho Loupe Contributor address;		State; Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)
6,7				

SCHEDULE A1

ine	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 10
FILER NAME	Robert L. Smith		3 Filer ID (Ethics Commission Filers)
Date 12-07-23	5 Full name of contributor	1	7 Amount of contribution (\$) 750.00
	6 Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
12-17-23	Carolyn Smith		50.00
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Principal occu	pation / Job title (See Instructions) Full name of contributor ut-of-state PAC		Amount of contribution (\$)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 0.00	т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
S Date O9/23/23 O	2 FILER NAME Robert L. Smith			3 Filer ID (Ethics Co	mmission Filers)
Opi/23/23 John Houseman Contribution \$ description Sa23.80 Ilinks, boudin Sa23.80 Ilinks, boudin Ilinks, boudin Sa23.80 Ilinks, boudin	4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00	
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 09/23/23 Bo Jack Davis Contributor address; City; State; Zip Code Principal occupation / Job title (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) Contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)		John Houseman	Contribution \$ description 323.80 links, boudin		
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	10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Touributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
Date 09/23/23 Bo Jack Davis Contributor address; City; State; Zip Code Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Full name of contributor out-of-state PAC (ID#:	14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
Bo Jack Davis Contribution \$ In-kind contribution description Contribution \$ In-kind contribution description Contribution \$ In-kind contribution In-kind contribution In-kind contribution description Contribution \$ In-kind contribution In-kind contributi	16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	P _A		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Law firm of contributor's spouse (if any) (FOR JUDICIAL)		Bo Jack Davis	Zip Code	Contribution \$ 675.00	description building for political event
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		AND THE RESERVE OF THE PERSON
	Contributor	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
	If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	- 4		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

		the same of the sa		
TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Schee 2 of 2	dule A2:
2 FILER NAM	Robert L. Smith		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date 10-14-23	6 Full name of contributor	Zip Code		9 In-kind contribution description links and boudin links and boudin liste of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	TI Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spor	use (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			1 1 2 1
Date 11-13-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ 686.85	In-kind contribution description I Christmas parade entry, candy bars, wrapping
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		IAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spor	use (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T			na requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Advertising Expense **Event Expense** Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robert L. Smith 1 of 1 4 Date 5 Payee name The Orange Stationer 09-22-2023 6 Amount (\$) 7 Pavee address: City; State; Zip Code 129.48 701 W Division Orange, TX 77630 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** push cards OF advertising expense EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Sheriff Robert L. Smith expenditure to benefit C/OH Payee name Exxon Express 10-05-2023 Amount (\$) Payee address; City; State: Zip Code 65.90 1745 Texas Ave Bridge City, TX 77611 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** travel in district Fuel 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 Sheriff Robert L. Smith Date Payee name

EXPENDITURE CATEGORIES FOR BOX 8(a)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

Pavee address:

Amount (\$)

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Reimbursement from political contributions intended City;

Description

Office sought

State;

Check if Austin, TX, officeholder living expense

Zip Code

Office held

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Robert Smith 2 of 12 4 Date 5 Payee name Loni Lilly 10-10-23 6 Amount (\$) City; State; Zip Code 7 Payee address; 225.00 1519 Austin Dr Tyler, TX 75701 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE advertising expense web page design OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Sheriff Robert L. Smith Date Pavee name Market Basket 10-14-23 Amount (\$) City; State; Zip Code Payee address; 121.35 2005 Texas Ave Bridge City, TX 77611 Category (See Categories listed at the top of this schedule) PURPOSE links and boudin event 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 Date Payee name **OCARC** 10-14-23 Amount (\$) Payee address; City; State; Zip Code 905 W Park Ave Orange, TX 77630 268.46 Category (See Categories listed at the top of this schedule) Description **PURPOSE** banner and magnets advertising expense **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

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)

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) 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 12 4 Date 5 Payee name 10-27-23 The Orange Stationer 6 Amount (\$) 7 Payee address; City; State; Zip Code 5283.68 701 W Division Orange, TX 77630 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE advertising expense campaign signs **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 Robert L. Smith Sheriff Pavee name Date KOGT 11-03-23 Amount (\$) City; State: Zip Code Payee address; 400.00 5304 Meeks Dr Orange, TX 77630 Category (See Categories listed at the top of this schedule) Description PURPOSE digital ad 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 Date Payee name Danwal Inc. 11-06-23 Amount (\$) Payee address; City; State; Zip Code 12404 SH 155 Tyler, TX 75703 10763.19 Description Category (See Categories listed at the top of this schedule) PURPOSE campaign signs advertising expense 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

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
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to a	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule F1: 4 of 12	2 FILER NAME Robert Smith		3 Filer ID (Ethics Commission Filers)
Date 11-22-23	5 Payee name The Record Live		
Amount (\$) 309.00	7 Payee address; P.O. Box 1008 Bridge City, T	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description	er ad
×	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held
Date 11-23-23	Payee name Mandy Raccaforte		
Amount (\$)	Payee address;	City;	State; Zip Code
425.00	P.O. Box 846 Bridge City, TX	77611	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description shirt scre	eening
9	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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 11-29-23	Payee name The Record Live		
Amount (\$) 309.00	Payee address; P.O. Box 1008 Bridge City, T	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description newspape	er ad
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held

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** s/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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robert Smith 5 of 12 4 Date 5 Payee name Orange County Republican Party 11-20-23 6 Amount (\$) City; 7 Payee address; State: Zip Code 750.00 260 Strickland Dr Orange, TX 77630 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** fees candidate filing fee **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 Pavee name Date **Orange County Building Materials** 12-05-23 Amount (\$) Payee address; City; State: Zip Code 249.69 365 Old Hwy 90 Vidor, TX 77611 Category (See Categories listed at the top of this schedule) Description PURPOSE advertising expense t posts and zip ties for campaign signs 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 Sheriff Robert L. Smith Date Payee name The Record Live 12-06-23 Amount (\$) Payee address; City: State: Zip Code P.O. Box 1008 Bridge City, TX 77611 309.00 Category (See Categories listed at the top of this schedule) Description PURPOSE newspaper ad 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 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)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct ory not listed above)
Total pages Schedule F1: 6 of 12	2 FILER NAME Robert Smith		3 Filer ID (Ethic	s Commission Filers)
12-06-23	5 Payee name COS Printing		- A	
6 Amount (\$) 1191.29	7 Payee address; 1600 Texas Ave Bridge City,	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description disclaime	er stickers, unio	n bug
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff		Office held
Date 12-06-23	Payee name COS Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
603.49	1600 Texas Ave Bridge City, T	X 77611		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description business	s cards, push ca	ards
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff		Office held
Date 12-11-23	Payee name Orange County Building Mater	rials		
Amount (\$) 223.72	Payee address; 365 Old Hwy 90 Vidor, TX 77	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description t posts and	d zip ties for ca	mpaign signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff		Office held
P	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
		-		Davised 11/1E/

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 Gitl/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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries M The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above) complete this form.
Total pages Schedule F1: 7 of 12	2 FILER NAME Robert Smith	3 Filer ID (Ethics Commission Filers)
Date 12-13-23	5 Payee name The Record Live	
Amount (\$) 309.00	7 Payee address; P.O. Box 1008 Bridge City, T	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) political expense	(b) Description newspaper ad
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Robert L. Smith	Office sought Office held Sheriff
Date 12-21-23	Payee name The Record Live	
Amount (\$)	Payee address;	City; State; Zip Code
309.00	P.O. Box 1008 Bridge City, TX	77611
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	newspaper ad
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Robert L. Smith	Office sought Office held Sheriff
Date 11-08-23	Payee name OCARC	
Amount (\$) 77.94	Payee address; 905 W Park Ave Orange, TX	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	advertising expense	magnets
EXPENDITURE		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Expense // Wages/Contract Labor // complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 8 of 12	2 FILER NAME Robert Smith		3 Filer ID (Ethics Commission Filers)
4 Date 10-12-23	5 Payee name Lake View Exxon	402 W	4
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
70.31	4315 N Main Vidor, TX 776	62	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	7.5
PURPOSE OF EXPENDITURE	travel in district	fuel	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	Payee name	137	
11-01-23	Lake View Exxon		
Amount (\$)	Payee address;	City;	State; Zip Code
58.31	4315 N Main Vidor, TX 77662	2	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	travel in district	fuel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Robert L. Smith	Sheriff	
Date 11-07-23	Payee name Lake View Exxon		
Amount (\$)	Payee address;	City;	State; Zip Code
63.31	4315 N Main Vidor, TX 7766		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	travel in district	fuel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held
Part of the second	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1: 9 of 12	2 FILER NAME Robert Smith		3 Filer ID (Ethics Commission Filers)
Date 11-08-23	5 Payee name Loni Lilley Art		
Amount (\$) 177.00	7 Payee address; 1519 Austin Dr Tyler, TX 75	City;	State; Zip Code
	To To Additi Dr. Tylor, TX 70	701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description web desig	gn
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 11-13-23	Payee name Loni Lilley Art		
Amount (\$)	Payee address;	City;	State; Zip Code
41.13	1519 Austin Dr Tyler, TX 7570	01	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	advertising expense	web page	е
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 11-20-23	Payee name Lake View Exxon		
Amount (\$)	Payee address;	City;	State; Zip Code
64.31	4315 N Main Vidor, TX 7766	2	
	Category (See Categories listed at the top of this schedule)	Description	13.0
PURPOSE OF EXPENDITURE	travel in district	fuel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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

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 shows)

Candidate/Officeholder/Political Credit Card Payment	Thing E	/ages/Contract Labor	Travel Out Of District Other (enter a category)	
1 Total pages Schedule F1: 10 of 12	2 FILER NAME Robert Smith		3 Filer ID (Ethic	s Commission Filers)
4 Date 12-01-23	5 Payee name Lake View Exxon			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
57.31	4315 N Main Vidor, TX 77662	2		
в .	(a) Category (See Categories listed at the top of this schedule)	(b) Description		E - 10 Th
PURPOSE OF EXPENDITURE	travel in district	fuel		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	Payee name		N-1	
12-06-23	Lake View Exxon			
Amount (\$)	Payee address;	City;	State;	Zip Code
58.32	4315 N Main Vidor, TX 77662			
	Category (See Categories listed at the top of this schedule)	Description	777	
PURPOSE OF EXPENDITURE	travel in district	fuel		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 12-07-23	Payee name Orange County Building Mater	ials		
Amount (\$)	Payee address;	City;	State;	Zip Code
15.13	365 Hwy 90 Vidor, TX 77662			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising expense	zip ties for	signs	
_	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff		Office held
		Sheriff	EDED	_

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/Wades/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a extension not listed shows)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Gift/Awards/Memorials Expense Printing	ng Expense les/Wages/Contract Labor to complete this form.	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 11 of 12	2 FILER NAME Robert Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 12-11-23	5 Payee name Loni Lilley Art			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
41.13	1519 Austin Dr Tyler, TX	75701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule advertising expense	(b) Description web page		
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austi	in, 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	le la		
12-12-23	Loni Lilley Art			
Amount (\$)	Payee address;	City;	State; Zip Code	
70.62	1519 Austin Dr Tyler, TX 75	701		
PURPOSE	Category (See Categories listed at the top of this schedule) advertising expense		ian and web page	
OF EXPENDITURE	advertising expense web design and web page			
	Check if travel outside of Texas. Complete Schedule 1	Check if Austi	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 12-13-23	Payee name Tractor Supply			
Amount (\$)	Payee address;	City;	State; Zip Code	
165.30	2020 IH-10 Orange, TX 77	632		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising expense	t posts for	signs	
1.3	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, 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 TH	HIS SCHEDULE AS NEE	EDED	

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printin	g Expense ng Expense es/Wages/Contract Labor to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 12 of 12	2 FILER NAME Robert Smith		3 Filer ID (Ethics Commission Filers)
4 Date 12-18-23	5 Payee name Tractor Supply	And the second	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
181.51	2020 IH-10 Orange, TX 77	'632	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	advertising expense	t posts and	d zip ties for signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
12-19-23	Lake View Exxon		
Amount (\$)	Payee address;	City;	State; Zip Code
59.31	4315 N Main Vidor, TX 7766	32	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	travel in district	fuel	
	Check if travel outside of Texas. Complete Schedule T.	. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
experiulture to beliefit 0/01	Robert L. Smith	Sheriff	
Date	Payee name		V
12-27-23	Lake View Exxon		
Amount (\$)	Payee address;	City;	State; Zip Code
59.31	4315 N Main Vidor, TX 7766	52	
	Category (See Categories listed at the top of this schedule)	Description	7 7 7
PURPOSE OF EXPENDITURE	travel in district	fuel	
	Check if travel outside of Texas. Complete Schedule T.	. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held
P .	ATTACH ADDITIONAL COPIES OF TH	IIS 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

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

	The Instruction Guide explains how to d	ompiete tina torini.	The state of the s
Total pages Schedule F1: 1 of 12	2 FILER NAME Robert L. Smith		3 Filer ID (Ethics Commission Filers
Date 09-21-23	5 Payee name Sam's Wholesale		
Amount (\$)	7 Payee address;	City;	State; Zip Code
216.23	1615 IH-10 Beaumont, TX 7770	1	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	V.
PURPOSE OF EXPENDITURE	food/beverage expense	meeting v	with constituents
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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	Payee name		
09-22-23	Orange Stationer		
Amount (\$)	Payee address;	City;	State; Zip Code
63.75	701 W Division Orange, TX 7	7630	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising expense	business	cards and push cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Robert L. Smith	Sheriff	
Date	Payee name	Brand Brand	
09-29-23	Orange Stationer		
Amount (\$)	Payee address;	City;	State; Zip Code
584.55			
30 1.00	701 W Division Ave Orange,	IX //630	
	Category (See Categories listed at the top of this schedule)	Description	1 10
PURPOSE OF EXPENDITURE	advertising expense	8x10 step	o and repeat with stand
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held