CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
The C/OH Instruction Gu	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
3 CANDIDATE/	MS / MRS MR OFFICE USE ONLY
OFFICEHOLDER	NICKNAME LAST SUFFIX ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE
NAME	NICKNAME LAST SUFFIX
	Smith &
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
OFFICEHOLDER	4530 FM 1818 Duboll Tx 7594
MAILING ADDRESS	Page 155
Change of Address	CE LANS
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION Date Hain delicount the Destmarked
OFFICEHOLDER	(936) 366-1154 Receipt # Amount S
PHONE	MS /MRS MR FIRST MI Receipt # Amount S
6 CAMPAIGN TREASURER	
NAME	SHEETY JAN 2 6 2024 PLAN
	NICKNAME LAST Date Imaged
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER	STREET ADDRESS (NO FO BOX LEEDEL),
ADDRESS	867 Lee Rd Diboll 14 1594
(Residence or Business)	
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION
TREASURER PHONE	(936) 2008BDS B
AND	
9 REPORT TYPE	January 15 30th day before election Runoff Runoff 15th day after campaign treasurer appointment
	(Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR)
	July 15 Sth day before election Reporting Limit
10 PERIOD	Month Day Year Month Day Year
COVERED	12 /11 / 23 THROUGH 1 / 15 / 2024
11 ELECTION	ELECTION DATE ELECTION TYPE
	Month Day Year Primary Runoff Other Description
	Canada Special
	3/5/24 General Special
12 OFFICE	OFFICE HELD (if any)
	Constable
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THE CANDIDATE'S OR OFFICEHOLDER'S CONDICATED OR OFFICEHOLDER'S OR OFFICEHOLDER'S CONDICATED O
POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN STRING THE TRANSPORTED TO THE TRANSPORT
	COMMITTEE TYPE COMMITTEE NAME
	COMMITTEE ADDRESS
Additional Pages	GENERAL
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			T T		
5 C/OH NAME	Aaron Smith		16 Filer I	D (Ethics Comm	nission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO- PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S OF LOANS, OR	N	\$ 100	00
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O	ONS R GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	PENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITUR	ES		\$ 2,16	705
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LA	AST DAY	\$ 0	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER	OUTSTANDING LOANS AS (OF THE	\$ O	
(1) Affidavit		Maron X		L or Officeholder	
NOTARY STAMP/SE	before me by	this th	ie .	day of	1
	y which, witness my hand and seal of office.				
Signature of officer adminis	ering oath Printed name of officer a	dministering oath		Title of officer	administering oath
	OR	STATE OF THE STATE			
(2) Unsworn Declara					
My name is		, and my date of birth			
					•
	(street)	(city)			(Country)
Executed in	County, State of,	on the day of(mo	onth)	, 20 (year)	
		Signature of Car	ndidate/Offi	ceholder (Decla	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	9 FILER NAME 20 Filer ID (Ethics Com				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1. SCH	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10000		
2. SCH	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SCH	HEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCH	HEDULE E: LOANS		\$		
5. SCH	HEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 100-00		
6. SCH	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCH	HEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8. SCH	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0		
9. SCH	HEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 216705		
10. SCH	HEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11. SCH	HEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12. SCH	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

					1 Total pages Schedule A1:		
	The	Instruction Guide explains how t	torm.				
2	FILER NAME	Maron Amie	l _		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Kathy Pavl 6 Contributor address; CRA	City;	State; Zip Code Ty 75941	7 Amount of contribution (\$)		
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
21.000.000.000	Date	Full name of contributor Contributor address;		State; Zip Code	Amount of contribution (\$)		
			•				
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date				Amount of contribution (\$)		
		Contributor address;	City;				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC		C (ID#:)	Amount of contribution (\$)			
		Contributor address;	City;	State; Zip Code			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)		
-	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 E Candidate/Officeholder/Politic	By Gift/Awa al Committee Legal Se	verage Expense irds/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
The state of the s					2 51. 15 55.	Commission File-
1 Total pages Schedule G:	2 FILER NAME AGO	n Smit	h		3 Filer ID (Ethics	Commission rilers)
4 Date	5 Payee name ACCTO	w Gras	hics	4530	FM 1818	
6 Amount (\$)	7 Payee address;			City; Diboll	State;	Zip Code 7594)
Reimbursement from political contributions intended	ler.			Hemoh	14 Tx	75948
8	(a) Category (See Cate	egories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	Sing	0.0000000000000000000000000000000000000	Signs		Management of the Control of the Con
LAFENDITURE	(c) Checkiftray	vel outside of Texas. Complete	Schedule T.	Check if Austin	, TX. officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	(-) L	fficeholder name		Office sought		Office held
Doto	Paves nome					
Date 12-20-24	Payee name Mc Gra	aw Gra:	phics		Annual Control of the	Overland to the second
Amount (\$) 641,20	Payee address;	1		City;	State;	Zip Code
Reimbursement from political contributions intended	Hemoh	VT II;	7594	-8		
PURPOSE	Category (See Ca.	tegories listed at the top of th	is schedule)	Description		
OF EXPENDITURE	Haverti	SINS avel outside of Texas. Complete	Schedule T	Check if Auetic	n, TX, officeholder living	expense
				Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	0	fficeholder name	1 C	instabl	e	
D-1-						The state of the s
Date 1-12-24	Real 6	oraphics				
Amount (\$)	Payee address;	1		City;	State;	Zip Code
Reimbursement from political contributions intended	Lufkin		5941			
PURPOSE	Category (See Ca	legories listed at the top of th	nis schedule)	Description	, C. 1	
OF EXPENDITURE	Hovert	151ns		Digns .	+ Jhirte	3d (gps
	L	avel outside of Texas. Complete	e Schedule T.		in, TX, officeholder living	
Complete ONLY if direct	Candidate / C	Officeholder Mame		Office sought		Office held
expenditure to benefit C/OH	Maro	Imill		Constal	He	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OHN/	iron Smith	2 Filer ID (Ethics Commission Filers)				
3	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder						
4	4 FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS					
	Check	only one:					
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B. ASSETS						
	Check only one:						
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
		I do retain assets purchased with political contributions or interest or other income frethat I may not convert assets purchased with political contributions or interest or othe personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	ner income from political contributions to				
5	OFFIC	EHOLDER					
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
		S	Signature of Officeholder				



Filer name

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Date Received	
Date Hand-deliv	rered or Date Postmarked
Receipt #	Amount\$
Receipt # Date Processed	Amount \$

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.

Filer ID #

- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I
 contract, uses computer equipment to keep current records of political contributions, political
 expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the _____ report due on _______.

 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit			C.
NOTADY STANDY STAN		Signatur	e of Filer
NOTARY STAMP/SEAL Sworn to and subscribed before me by		this the	day of
20, to certify which, witness my hand a			
Signature of officer administering oath	Printed name of officer administering oath		Title of officer administering oat
CARDINA PARAMETER STATE OF CHARLES	OR		
(2) Unsworn Declaration My name is Agron Smith	, and my date	e of birth is 3	-1-76
My address is 4530 FM 1816 (street)	3 . D1boll (city)		, <u>'75941</u> , <u>USA</u> (country)
Executed in County, State			, 20 (year)
	Aure	Signature of F	Filer (Declarant)