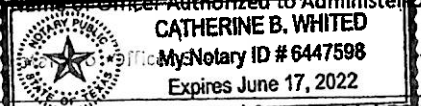


APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL.¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustee</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Keller Board of Trustee, Place 2</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Joni Shaw Smith</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Joni Shaw Smith</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>4801 Glen Springs Trl</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) <u>joni@joniforkellerisd.com</u>		
CITY <u>Fort Worth</u>	STATE <u>TX</u>	ZIP <u>76137</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) <u>CEO of Live Events Producer</u>		DATE OF BIRTH [REDACTED]	
VOTER REGISTRATION VOID NUMBER? (Optional)					
TELEPHONE CONTACT INFORMATION (Optional)					
Home:		Office:		Cell:	
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			IN THE STATE OF TEXAS <u>44</u> year(s) <u>5</u> month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>11</u> year(s) <u>1</u> month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Joni Shaw Smith</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name of candidate) <u>Joni Shaw Smith</u> of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Keller Board of Trustee, Pl 2</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
X <u>Joni Shaw Smith</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>19th</u> day of <u>January</u> , <u>2022</u> by <u>Joni Shaw Smith</u> (name of candidate)					
<u>Catherine B. Whited</u> Signature of Officer Authorized to Administer Oath ⁴			<u>Catherine B. Whited</u> Printed Name of Officer Authorized to Administer Oath		
<u>Notary</u> Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>01/19/2022</u> Date Received		<u>01/19/2022</u> Date Accepted		<u>Catherine B. Whited</u> Signature of Filing Officer or Designee	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed

2 CANDIDATE NAME	MS (MRS) MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Filer ID #	Date Received	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE	Date Hand-delivered or Postmarked			Receipt #	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Amount \$		
5 OFFICE HELD (if any)	Date Processed			Date Imaged		
6 OFFICE SOUGHT (if known)	Keller ISD Board of Trustees, Place 2					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS, APT / SUITE #, CITY, STATE, ZIP CODE	4801 Glen Springs Trl, Fort Worth, TX 76137				
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Joni Shaw Smith</u> Signature of Candidate <u>Jan 19, 2022</u> Date Signed</p>					

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mrs

Joni

S

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Smith

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(817)

800-9002

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4801 Glen Springs Trl Fort Worth, TX 76137

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Keller ISD Board of Trustee, Place 2

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mr

Jeffrey

D

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Jeff

Smith

GO TO PAGE 2

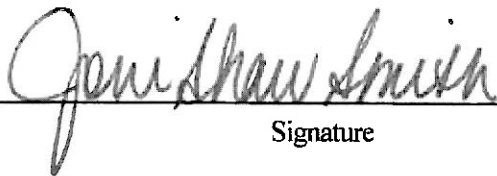
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

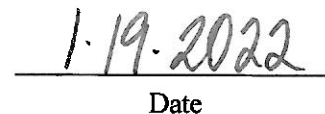
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: <u>Joni</u> MI: <u>S</u> NICKNAME: LAST: <u>Smith</u> SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>4801 Glen Springs Trl Fort Worth TX 76139</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(817) 800.9002</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: <u>Jeffrey</u> MI: <u>D</u> NICKNAME: LAST: <u>Smith</u> SUFFIX:	Date Received	Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>4801 Glen Springs Trl Fort Worth TX 76139</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(817) 996-2293</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 19 / 22</u> <u>3 / 28 / 22</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 7 / 22</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Keller ISO Board of Trustees, Pl. 2</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Joni Shaw Smith</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,342.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3139.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

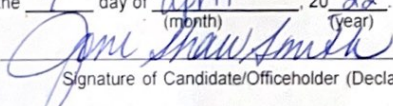
NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Joni Shaw Smith, and my date of birth is 08/10/1977
 My address is 4801 Glen Springs Trl, Fort Worth, TX, 76137, USA
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of TEXAS, on the 7 day of April, 20 22
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Joni Shaw Smith</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5478.65</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,863.75</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>842.18</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1139.99</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1157.74</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Smith	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 4133 Drexmore Rd Fortworth TX 76244		
8 Principal occupation / Job title (See Instructions) manager		9 Employer (See Instructions) BNSF Railway
Date 2/17/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cindy Shaw	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 570 Sleepy Hollow Ln Weatherford TX 76085		
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions) Angelo's BBQ
Date 2/17/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Virginia Sue Hughes	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 601 Mustang Dr Seginaw TX 76179		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deeana Fry	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4809 Glen Springs Trl Fortworth TX 76137		
Principal occupation / Job title (See Instructions) Sr. Systems Analyst		Employer (See Instructions) NTTDATA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Smith	7 Amount of contribution (\$) \$1000 ⁰⁰
6 Contributor address; City; State; Zip Code 4328 Woodlake Dr Fort Worth TX 76135		
8 Principal occupation / Job title (See Instructions) Engineering Technician		9 Employer (See Instructions) FRA
Date 2/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Missy Tyler	Amount of contribution (\$) \$200 ⁰⁰
Contributor address; City; State; Zip Code 1211 Whispering Oaks Dr Keller TX		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-employed
Date 2/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amber Fuchs	Amount of contribution (\$) \$250 ⁰⁰
Contributor address; City; State; Zip Code 709 Trails End Cir Hurst TX 76054		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Farmer Insurance Agency
Date 2/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Goff	Amount of contribution (\$) \$50 ⁰⁰
Contributor address; City; State; Zip Code 3000 Mahan Ct Grapevine TX 76051		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nina Bellah	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 595 Shelly Ln Stephenville TX 76401		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 2/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stefanie O'Connell	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Royal Crest mansfield TX 76063		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Mansfield ISD
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TJ Ware	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 4029 Hillcrest Ct E Keller TX 76244		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Paradise Claims
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roger Clay	Amount of contribution (\$) \$55.05
Contributor address; City; State; Zip Code 604 Avel Chillicothe TX 79225		
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
---	--

2 FILER NAME Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------

4 Date 3/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tosya Kidd	7 Amount of contribution (\$) \$50⁰⁰
6 Contributor address; City; State; Zip Code 2533 Elk Hollow Ln Weatherford, TX 76085		

8 Principal occupation / Job title (See Instructions) realtor/self-employed	9 Employer (See Instructions) Lonestar Realty Group
---	---

Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer LeBlanc	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 5205 Black Hills Ct Fort Worth TX 76137		

Principal occupation / Job title (See Instructions) realtor/self-employed	Employer (See Instructions) /
---	---

Date 3/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeffrey Lindsey	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code 4817 Glen Springs Trl Fort Worth TX 76137		

Principal occupation / Job title (See Instructions) Senior Manager, Product Technology and Integration	Employer (See Instructions) Brinks Home Farmers Branch
--	--

Date 3/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Dills	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 3600 Clipper Mill Rd, Ste 150 Baltimore MD 21211		

Principal occupation / Job title (See Instructions) owner	Employer (See Instructions) Michael Dills Enterprises, EPS
---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Anne Booker</i>	7 Amount of contribution (\$) <i>\$25⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5232 Bellis Dr Fort Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions) <i>homemaker</i>		9 Employer (See Instructions) <i>/</i>
Date <i>3/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Christine Malley</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
Contributor address; City; State; Zip Code <i>4916 Bobwills Drive Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>/</i>
Date <i>3/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lauren Cloy</i>	Amount of contribution (\$) <i>\$21.10</i>
Contributor address; City; State; Zip Code <i>408 Roland Dr Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>RN</i>		Employer (See Instructions) <i>North Texas Plastic Surgery</i>
Date <i>3/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mena Ford</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
Contributor address; City; State; Zip Code <i>233 Austin Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>/</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Fitzgerald	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2501 109th St Grand Prairie TX 75050		
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Harrah Industries
Date 3/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidi Ruotolo	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1917 Serling Trace Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) City Quaker
Date 3/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mendi Cochrane	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 7805 Stansfield Dr FORT WORTH TX 76137		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Keller ISD
Date 3/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy May	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1846 Pearson Crossing Keller TX 76248		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Micah Young	7 Amount of contribution (\$) \$252.50
6 Contributor address; City; State; Zip Code 1521 Spanish Bay Dr Keller TX 76248		
8 Principal occupation / Job title (See Instructions) self-employed realtor		9 Employer (See Instructions) /
Date 3/27/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brittney Orren	Amount of contribution (\$) \$10⁰⁰
Contributor address; City; State; Zip Code 1838 Pearson Crossing Keller TX 76248		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Baylor Therapene
Date 3/27/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Lamour	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 2128 Highland Park Cir Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) /
Date 3/27/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah Johnson	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 1467 Grape Arbor Ct Keller TX 76262		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) United Care USA
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doug Taylor</i>	7 Amount of contribution (\$) <i>\$2000</i>
6 Contributor address; City; State; Zip Code <i>4024 Vernon Way Fortworth TX 76244</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Dunn</i>	Amount of contribution (\$) <i>\$1000</i>
Contributor address; City; State; Zip Code <i>921 Gentle Wind Dr Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions)
Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna Cobb</i>	Amount of contribution (\$) <i>\$2000</i>
Contributor address; City; State; Zip Code <i>707 WLD Lockett Rd Colleyville TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erica Davidson</i>	Amount of contribution (\$) <i>\$400</i>
Contributor address; City; State; Zip Code <i>4855 Glen Springs Trl Fortworth TX 76137</i>		
Principal occupation / Job title (See Instructions) <i>Trauma Program Manager</i>		Employer (See Instructions) <i>Baylor Scott & White Health</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sarah Borg</i>	7 Amount of contribution (\$) <i>\$10⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5109 Glen Canyon Fortworth TX 76137</i>		
8 Principal occupation / Job title (See Instructions) <i>FASTER Way to Fat Loss Coach</i>		9 Employer (See Instructions) <i>Self-employed</i>
Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Holly Wise</i>	Amount of contribution (\$) _____ <i>\$200⁰⁰</i>
Contributor address; City; State; Zip Code <i>8321 Fern Lake Dr Fortworth TX 76137</i>		
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions)
Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Linda Metcalf</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1601 Brentwood Trl Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Danielle Shivers</i>	Amount of contribution (\$) <i>\$20⁰⁰</i>
Contributor address; City; State; Zip Code <i>5837 Blackmon Ct Fort Worth TX 76137</i>		
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$ 3,863.75</u>	
5 Date <u>2/25/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Loni Claybrook</u>	8 Amount of Contribution \$ <u>\$ 3,863.75</u>	9 In-kind contribution description <u>yard signs 500 w/ stakes</u>
7 Contributor address; City; State; Zip Code <u>5013 Glen Springs Trl Fort Worth TX 76137</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>IAM (Cyber Security) manager</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>AutoNation, Inc</u>	
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 <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME John Shaw Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 3/25/22		5 Payee name Star Sports Keller			
6 Amount (\$) \$ 547.74		7 Payee address: 901 Keller Pkwy Unit H		City: Keller	State: TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other advertising expense		(b) Description t-shirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date 3/28/22		Payee name ms marketing			
Amount (\$) \$ 294.44		Payee address: 310 N Main St Unit E		City: Keller	State: TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description door hangers post cards & printing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
6 Date 1/26/22	6 Payee name Go Daddy.com	
7 Amount (\$) \$89.42	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joni Shaw Smith	Office sought / Office held Keller ISD Board of Trustee Pl 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>2</u>	2 FILER NAME <u>John Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>3/7/22</u>	6 Payee name <u>ms marketing</u>	
7 Amount (\$) <u>\$644.63</u>	8 Payee address; City; State; Zip Code <u>310 N main St Unit E Keller TX 76248</u>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>printing expense</u>	(b) Description <u>door hangers & printing push cards</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>John Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>
12 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>John Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>John Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/8/22</u>	5 Payee name <u>Edgerton Strategies, LLC</u>	
6 Amount (\$) <u>\$1,157.74</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code <u>1540 Keller Parkway #108-402 Keller TX 76248</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	(b) Description <u>4x4 signs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>John Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee P12</u>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST Joni MI S NICKNAME LAST Smith SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 4801 Glen Springs Trl Fort Worth TX 76137		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 800-9002	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST Jeffrey MI D NICKNAME LAST Smith SUFFIX Jeff	Date Hand-delivered or Date Postmarked	Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 4801 Glen Springs Trl Fort Worth TX 76137		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 996-2293		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 19 / 22 THROUGH 4 / 29 / 22		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Keller ISD Board of Trustees, PI 2	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Joni Shaw Smith</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>19,623.07</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,321.17</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Joni Smith, and my date of birth is 08/10/1977.
 My address is 4801 Glen Springs Trl, FORT WORTH, TX, 76137, USA.
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Texas, on the 28 day of April, 2022.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Joni Shaw Smith</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>15,759³²</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,863⁹⁵</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,023⁴⁴</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1139⁹⁹</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1157⁷⁴</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/16/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>William Smith</u>	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address; City; State; Zip Code <u>4133 Drexmore Rd Fortworth TX 76244</u>		
8 Principal occupation / Job title (See Instructions) <u>manager</u>		9 Employer (See Instructions) <u>BNSF Railway</u>
Date <u>2/17/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Cindy Shaw</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>570 Sleepy Hollow Ln Weatherford TX 76085</u>		
Principal occupation / Job title (See Instructions) <u>bookkeeper</u>		Employer (See Instructions) <u>Angelo's BBQ</u>
Date <u>2/17/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Virginia Sue Hughes</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>601 Mustang Dr Saginaw TX 76179</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
Date <u>2/22/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Deeana Fry</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>4809 Glen Springs Trl Fortworth TX 76137</u>		
Principal occupation / Job title (See Instructions) <u>Sr. Systems Analyst</u>		Employer (See Instructions) <u>NTT DATA</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/22/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>James Smith</u>	7 Amount of contribution (\$) <u>\$1000⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>4328 Woodlake Dr Fort Worth TX 76135</u>		
8 Principal occupation / Job title (See Instructions) <u>Engineering Technician</u>		9 Employer (See Instructions) <u>FAA</u>
Date <u>2/22/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Missy Tyler</u>	Amount of contribution (\$) <u>\$200⁰⁰</u>
Contributor address; City; State; Zip Code <u>1211 Whispering Oaks Dr Keller TX</u>		
Principal occupation / Job title (See Instructions) <u>CPA</u>		Employer (See Instructions) <u>Self-employed</u>
Date <u>2/24/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Amber Fuchs</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>
Contributor address; City; State; Zip Code <u>709 Trails End Cir Hurst TX 76054</u>		
Principal occupation / Job title (See Instructions) <u>owner</u>		Employer (See Instructions) <u>Farmer Insurance Agency</u>
Date <u>2/24/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lisa Goff</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>3000 Mahan Ct Grapevine TX 76051</u>		
Principal occupation / Job title (See Instructions) <u>homemaker</u>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/25/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nina Bellah</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>595 Shelly Ln Stephenville TX 76401</u>		
8 Principal occupation / Job title (See Instructions) <u>retired</u>		9 Employer (See Instructions) <u>/</u>
Date <u>2/25/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stefanie O'Connell</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Contributor address; City; State; Zip Code <u>Royal Crest mansfield TX 76063</u>		
Principal occupation / Job title (See Instructions) <u>teacher</u>		Employer (See Instructions) <u>Mansfield ISD</u>
Date <u>3/1/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TJ Ware</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Contributor address; City; State; Zip Code <u>4029 Hillcrest Ct E Keller TX 76244</u>		
Principal occupation / Job title (See Instructions) <u>owner</u>		Employer (See Instructions) <u>Paradise Claims</u>
Date <u>3/1/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roger Clay</u>	Amount of contribution (\$) <u>\$55.05</u>
Contributor address; City; State; Zip Code <u>604 Ave L Chillicothe TX 79225</u>		
Principal occupation / Job title (See Instructions) <u>self-employed</u>		Employer (See Instructions) <u>/</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tosya Kidd	7 Amount of contribution (\$) \$50 ⁰⁰
6 Contributor address; City; State; Zip Code 2533 Elk Hollow Ln Weatherford, TX 76085		
8 Principal occupation / Job title (See Instructions) realtor/self-employed		9 Employer (See Instructions) Lonestar Realty Group
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer LeBlanc	Amount of contribution (\$) \$50 ⁰⁰
Contributor address; City; State; Zip Code 5205 Black Hills Ct Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) realtor/self-employed		Employer (See Instructions) /
Date 3/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Lindsey	Amount of contribution (\$) \$ 50 ⁰⁰
Contributor address; City; State; Zip Code 4817 Glen Springs Trl Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) Senior Manager, Product Technology and Integration		Employer (See Instructions) Brinks Home Farmers Branch
Date 3/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Dills	Amount of contribution (\$) \$ 100 ⁰⁰
Contributor address; City; State; Zip Code 3600 Clipper Mill Rd, Ste 150 Baltimore MD 21211		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Michael Dills Enterprises, EPS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/8/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anne Booker</u>	7 Amount of contribution (\$) <u>\$25⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>5232 Bellis Dr Fort Worth TX 76244</u>		
8 Principal occupation / Job title (See Instructions) <u>homemaker</u>		9 Employer (See Instructions)
Date <u>3/8/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Christine Malloy</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>4916 Bob Wills Drive Fort Worth TX 76244</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
Date <u>3/21/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lauren Cloy</u>	Amount of contribution (\$) <u>\$21.10</u>
Contributor address; City; State; Zip Code <u>408 Roland Dr Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>RN</u>		Employer (See Instructions) <u>North Texas Plastic Surgery</u>
Date <u>3/21/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mona Ford</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>233 Austin Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Joni Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/22

5 Full name of contributor

Jim Fitzgerald

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

2501 109th St

City;

Grand Prairie TX 75050

State; Zip Code

8 Principal occupation / Job title (See Instructions)

Vice President

9 Employer (See Instructions)

Harrah Industries

Date

3/26/22

Full name of contributor

Heidi Ruotolo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

1917 Sterling Trace Dr Keller TX 76248

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Executive Assistant

Employer (See Instructions)

City Quaker

Date

3/27/22

Full name of contributor

Mendi Cochrane

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

7805 Stansfield Dr Foranworth TX 76137

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Keller ISD

Date

3/27/22

Full name of contributor

Kathy May

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

1846 Pearson Crossing Keller TX 76248

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/27/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Micah Young</u>	7 Amount of contribution (\$) <u>\$252.50</u>
6 Contributor address; City; State; Zip Code <u>1521 Spanish Bay Dr Keller TX 76248</u>		
8 Principal occupation / Job title (See Instructions) <u>self-employed realtor</u>		9 Employer (See Instructions) <u>/</u>
Date <u>3/27/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brittney Orren</u>	Amount of contribution (\$) <u>\$10⁰⁰</u>
Contributor address; City; State; Zip Code <u>1838 Pearson Crossing Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>Occupational Therapist</u>		Employer (See Instructions) <u>Baylor Iraperne</u>
Date <u>3/27/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenneth Lamour</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Contributor address; City; State; Zip Code <u>2128 Highland Park Cir FortWorth, TX 76107</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>/</u>
Date <u>3/27/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Deborah Johnson</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>1467 Grape Arbor Ct Keller TX 76262</u>		
Principal occupation / Job title (See Instructions) <u>Director</u>		Employer (See Instructions) <u>United Care USA</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 11

2 FILER NAME *Joni Shaw Smith* 3 Filer ID (Ethics Commission Filers)

4 Date <i>3/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doug Taylor</i>	7 Amount of contribution (\$) <i>\$2000</i>
	6 Contributor address; City; State; Zip Code <i>4024 Vernon Way Fortworth TX 76244</i>	

8 Principal occupation / Job title (See Instructions) *retired* 9 Employer (See Instructions)

Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Dunn</i>	Amount of contribution (\$) <i>\$1000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>921 Gentle Wind Dr Keller TX 76248</i>	

Principal occupation / Job title (See Instructions) *homemaker* Employer (See Instructions)

Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna Cobb</i>	Amount of contribution (\$) <i>\$2000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>707 WLO Lockett Rd Colleyville TX 76034</i>	

Principal occupation / Job title (See Instructions) *retired* Employer (See Instructions)

Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erica Davidson</i>	Amount of contribution (\$) <i>\$4000</i>
	Contributor address; City; State; Zip Code <i>4855 Ellen Springs Trl Fortworth TX 76137</i>	

Principal occupation / Job title (See Instructions) *Trauma Program Manager* Employer (See Instructions) *Baylor Scott & White Health*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jane Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/22

5 Full name of contributor

Sarah Borg

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$10⁰⁰

6 Contributor address;

City;

State;

Zip Code

5109 Elen Canyon Fortworth TX 76137

8 Principal occupation / Job title (See Instructions)

FASTER Way to Fat Loss Coach

9 Employer (See Instructions)

Self employed

Date

3/28/22

Full name of contributor

Holly Wise

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

~~100~~ \$200⁰⁰

Contributor address;

City;

State;

Zip Code

8321 Fern Lake Dr Fortworth TX 76137

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

Date

3/28/22

Full name of contributor

Linda Metcalf

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City;

State;

Zip Code

1601 Brentwood Trl Keller TX 76248

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

3/28/22

Full name of contributor

Danielle Shivers

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20⁰⁰

Contributor address;

City;

State;

Zip Code

5837 Blackmon Ct Fort Worth TX 76137

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Korey Wilkerson</i>	7 Amount of contribution (\$) <i>\$2000</i>
	6 Contributor address; City; State; Zip Code <i>5258 Cameron Creek Place #154 Fort Worth, TX 76132</i>	
8 Principal occupation / Job title (See Instructions) <i>Sales consultant</i>		9 Employer (See Instructions) <i>AT&T</i>
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Bouchebel</i>	Amount of contribution (\$) <i>\$2500</i>
	Contributor address; City; State; Zip Code <i>1600 Greenhill Ct Keller TX 76248</i>	
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>Bouchebel Consultants, LLC</i>
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lacy Nichols</i>	Amount of contribution (\$) <i>\$2110</i>
	Contributor address; City; State; Zip Code <i>155 Mill Crossing Ln Springtown TX 76082</i>	
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions) /
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobby Nichols</i>	Amount of contribution (\$) <i>\$2110</i>
	Contributor address; City; State; Zip Code <i>155 Mill Crossing Ln Springtown TX 76082</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Jonu Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/29/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Kelley Swallow</u>	7 Amount of contribution (\$) <u>\$ 20.00</u>
6 Contributor address; City; State; Zip Code <u>4501 Hillcrest Cir #37 Fort Worth TX 76116</u>		
8 Principal occupation / Job title (See Instructions) <u>fitness instructor/trainer</u>		9 Employer (See Instructions) <u>self-employed</u>
Date <u>3/29/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Christina Castillo</u>	Amount of contribution (\$) <u>\$ 21.10</u>
Contributor address; City; State; Zip Code <u>6150 Dalemont Trl #301 Fort Worth TX 76132</u>		
Principal occupation / Job title (See Instructions) <u>self-employed/actress</u>		Employer (See Instructions)
Date <u>3/29/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Rootech LLC</u>	Amount of contribution (\$) <u>\$10.80</u>
Contributor address; City; State; Zip Code <u>3604 Cripple Creek Trl Roanoke TX 76262</u>		
Principal occupation / Job title (See Instructions) <u>self-employed</u>		Employer (See Instructions)
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Doug and Bettie Taylor</u>	Amount of contribution (\$) <u>\$ 75.00</u>
Contributor address; City; State; Zip Code <u>4024 Vernon Way Fort Worth TX 76244</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Jon Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/30/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cassey Hopmann</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>533 Sorenson Trl Keller TX 76248</u>		
8 Principal occupation / Job title (See Instructions) <u>self-employed</u>		9 Employer (See Instructions) <u>KC Creative</u>
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Holly Coker</u>	Amount of contribution (\$) <u>\$103.49</u>
Contributor address; City; State; Zip Code <u>1323 Blair Ridge Dr Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>homemaker</u>		Employer (See Instructions) <u>/</u>
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cathcart Institute, LLC - Jim Cathcart</u>	Amount of contribution (\$) <u>\$21.10</u>
Contributor address; City; State; Zip Code <u>11712 Red Oak Valley Ln Austin TX 78732</u>		
Principal occupation / Job title (See Instructions) <u>Lecturer, author, self-employed</u>		Employer (See Instructions) <u>Cathcart Institute, LLC</u>
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Keith Pearson</u>	Amount of contribution (\$) <u>\$300⁰⁰</u>
Contributor address; City; State; Zip Code <u>11620 Village Trail Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>/</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME <i>Soni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristyn Raughter</i>	7 Amount of contribution (\$) <i>\$57.99</i>
6 Contributor address; City; State; Zip Code <i>5425 Yellowstone Trl Fort Worth TX 76137</i>		
8 Principal occupation / Job title (See Instructions) <i>Teacher</i>		9 Employer (See Instructions) <i>Alliance Christian Academy</i>
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peggy George</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 845 Pahoa HI 96778</i>		
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>Wild Puna Farms</i>
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Zahriou</i>	Amount of contribution (\$) <i>\$45.00</i>
Contributor address; City; State; Zip Code <i>9732 Sambas Trail Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions) <i>Senior Business Analyst</i>		Employer (See Instructions) <i>Charles Schwab</i>
Date <i>4/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anita Moore</i>	Amount of contribution (\$) <i>\$20.00</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>stay at home</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shannon Wood</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
8 Principal occupation / Job title (See Instructions) <i>Exec Biological Sales Specialist</i>		9 Employer (See Instructions) <i>Astra Zeneca</i>
Date <i>4/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith Pearson</i>	Amount of contribution (\$) <i>\$2000⁰⁰</i>
Contributor address; City; State; Zip Code <i>11620 Village Trail Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i></i>
Date <i>4/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John C Conrad</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i></i>
Date <i>4/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Reichardt</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>8324 Trace Ridge Pkwy Fort Worth TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Banning</i>	7 Amount of contribution (\$) <i>10⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>11501 Maddie Ave Fort Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions) <i>Self-employed</i>		9 Employer (See Instructions) <i>_____</i>
Date <i>4/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sabrina Menek</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1317 Blue Ridgerd Keller TX 76240</i>		
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>_____</i>
Date <i>4/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rich Stoller</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>Keller TX 76240</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>_____</i>
Date <i>4/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaletta Cooley</i>	Amount of contribution (\$) <i>\$ 50⁰⁰</i>
Contributor address; City; State; Zip Code <i>4425 Southpointe Dr Richardson TX 75028</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>_____</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Emzen</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2037 Coventry Ct Keller TX 76262</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy Hill</i>	Amount of contribution (\$) <i>20⁰⁰</i>
Contributor address; City; State; Zip Code <i>216 Bear Hollow Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristen Peace</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>Stay at Home</i>		Employer (See Instructions)
Date <i>4/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrienne Tobin</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>1821 Barrington Dr Keller TX 76262</i>		
Principal occupation / Job title (See Instructions) <i>Stay at Home</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Doni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/8/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dawn Robertson</u>	7 Amount of contribution (\$) <u>20⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>Keller TX</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/8/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michelle Gerard</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Contributor address; City; State; Zip Code <u>1952 Winter Dr Keller TX 76262</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/8/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles Cummings</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Contributor address; City; State; Zip Code <u>1604 Pleasant Run Keller TX 76248</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/8/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rebecca Cole</u>	Amount of contribution (\$) <u>200⁰⁰</u>
Contributor address; City; State; Zip Code <u>2020 Buntry Drive Keller TX 76262</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Melancon</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>Fort Worth TX</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>4/10/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carey Page</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>Keller TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shannon Walker</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>553 Unbridled Ln, Keller TX 76249</i>		
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions)
Date <i>4/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tricia McWhorter</i>	Amount of contribution (\$) <i>25⁰⁰</i>
Contributor address; City; State; Zip Code <i>Fort Worth TX</i>		
Principal occupation / Job title (See Instructions) <i>Stay at home</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan DeWinter	7 Amount of contribution (\$) 100⁰⁰
	6 Contributor address; City; State; Zip Code Keller TX 76248	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Whitacre	Amount of contribution (\$) 50⁰⁰
	Contributor address; City; State; Zip Code 1707 Forest Bend Ln Keller TX 76248	
Principal occupation / Job title (See Instructions) Stay-at-home-mom		Employer (See Instructions) _____
Date 4/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Pierce	Amount of contribution (\$) 1000⁰⁰
	Contributor address; City; State; Zip Code FORT WORTH TX 76244	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) _____
Date 4/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Gaines	Amount of contribution (\$) 25⁰⁰
	Contributor address; City; State; Zip Code 9816 Ravenswood Rd Granbury TX 76049	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Pierce	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doris Lebreaux	Amount of contribution (\$) \$10⁰⁰
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donna Cobb	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code 707 W. W Lockett Rd Colleyville TX 76034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keith Pearson	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 1620 Village Trl Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/25/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Milina Stoddard</u>	7 Amount of contribution (\$) <u>\$20⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>5541 Murton Pl Fort Worth TX 76137</u>		
8 Principal occupation / Job title (See Instructions) <u>stay at home mom</u>		9 Employer (See Instructions) <u>←</u>
Date <u>4/25/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Erik Leist</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Contributor address; City; State; Zip Code <u>Chandler Rd Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>self-employed</u>		Employer (See Instructions) <u>←</u>
Date <u>4/25/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Anne Wynn</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Contributor address; City; State; Zip Code <u>9324 Shields St Fort Worth TX 76244</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>←</u>
Date <u>4/27/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>John Lyons</u>	Amount of contribution (\$) <u>\$20⁰⁰</u>
Contributor address; City; State; Zip Code <u>Fort Worth TX 76137</u>		
Principal occupation / Job title (See Instructions) <u>crossing guard</u>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2. <u>1</u>	
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$ 3,863.75</u>	
5 Date <u>2/25/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Loni Claybrook</u>	8 Amount of Contribution \$ <u>\$ 3,863.75</u>	9 In-kind contribution description <u>yard signs 500 w/ stakes</u>
7 Contributor address; City; State; Zip Code <u>5013 Glen Springs Trl Fort Worth TX 76137</u>		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>IAM (Cyber Security) manager</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>AutoNation, Inc</u>	
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 <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/25/22</u>	5 Payee name <u>Star Sports Keller</u>	
6 Amount (\$) <u>\$ 547.74</u>	7 Payee address; <u>901 Keller Pkwy Unit H</u>	City: <u>Keller</u> State: <u>TX</u> Zip Code: <u>76248</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>other / advertising expense</u>	(b) Description <u>+-shirts</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <u>3/28/22</u>	Payee name <u>ms marketing</u>	
Amount (\$) <u>\$ 294.44</u>	Payee address; <u>310 N Main St Unit E</u>	City: <u>Keller</u> State: <u>TX</u> Zip Code: <u>76248</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>door hangers & printing</u> <u>post cards</u>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <u>4/22/22</u>	Payee name <u>ms marketing</u>	
Amount (\$) <u>\$324.75</u>	Payee address; <u>310 N main St Unit E</u>	City: <u>Keller</u> State: <u>TX</u> Zip Code: <u>76248</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>printing - 2000 postcards</u>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 1	2 FILER NAME Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/22	5 Payee name Axium Strategies	
6 Amount (\$) \$8,440 ⁰⁰	7 Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense/printing	(b) Description Direct mail (11,838 pcs)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joni Shaw Smith	Office sought / Office held Keller ISO Board of Trustees P1 2
Date 4/20/22	Payee name Pay Pal	
Amount (\$) \$416.51	Payee address; City; State; Zip Code PayPal.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description banking fees - paypal
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joni Shaw Smith	Office sought / Office held Keller ISO Board of Trustees P1 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>1</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>1/26/22</u>	6 Payee name <u>Go Daddy.com</u>	
7 Amount (\$) <u>\$89.42</u>	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	(b) Description <u>website</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>1</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>3/7/22</u>	6 Payee name <u>ms marketing</u>	
7 Amount (\$) <u>\$644.63</u>	8 Payee address; City; State; Zip Code <u>310 N main St Unit E Keller TX 76248</u>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>printing expense</u>	(b) Description <u>door hangers & printing push cards</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>
12 Date <u>3/14/22</u>	13 Payee name <u>ms marketing</u>	
14 Amount (\$) <u>\$405.94</u>	15 Payee address; City; State; Zip Code <u>310 N main St Unit E Keller TX 76248</u>	
16 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
17 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>printing expense</u>	Description <u>door hangers post cards printing signs.</u>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
18 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule G <i>1</i>	2 FILER NAME <i>Joni Shaw Smith</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/22</i>	5 Payee name <i>Edgerton Strategies, LLC</i>	
6 Amount (\$) <i>\$1,157.74</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1540 Keller Parkway #108-402 Keller TX 76248</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>(20) 4x4 signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Joni Shaw Smith</i>	Office sought <i>Keller ISD Board of Trustee P12</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **21**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **(M)**

FIRST

Joni

MI

S

NICKNAME

LAST

Smith

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4801 Glen Springs Trl Fort Worth TX 76137

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 800-9002

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **(M)**

FIRST

Jeffrey

MI

D

NICKNAME

LAST

Jeff Smith

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4801 Glen Springs Trl, Fort Worth, TX 76137

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 996-2293

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

1 / 19 / 22

THROUGH

Month Day Year

5 / 31 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

5 / 7 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustees, Place 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

Keller ISD Family Alliance

GENERAL

COMMITTEE ADDRESS

P.O. Box 80382, Keller, TX 76244

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Douglas Stamps

COMMITTEE CAMPAIGN TREASURER ADDRESS

512 Spicewood Ct, Keller, TX 76248

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joni Shaw Smith 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>25,248.07</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>17,786.69</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Joni Smith, and my date of birth is August 10, 1977.
My address is 4801 Glen Springs Trl, Fort Worth, TX, 76137, USA.
(Street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 31 day of May, 20 22.
(month) (year)

Joni Shaw Smith
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

Joni Shaw Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,384.32
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8863.75
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16076.90
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1139.99
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 570.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **12**

2 FILER NAME **Joni Shaw Smith**

3 Filer ID (Ethics Commission Filers)

4 Date
2/16/22

5 Full name of contributor out-of-state PAC (ID# _____)
William Smith

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
4133 Drexmore Rd Fortworth TX 76244

8 Principal occupation / Job title (See Instructions)
manager

9 Employer (See Instructions)
BNSF Railway

Date
2/17/22

Full name of contributor out-of-state PAC (ID# _____)
Cindy Shaw

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
570 Sleepy Hollow Ln Weatherford TX 76085

Principal occupation / Job title (See Instructions)
bookkeeper

Employer (See Instructions)
Angelo's BBQ

Date
2/17/22

Full name of contributor out-of-state PAC (ID# _____)
Virginia Sue Hughes

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
601 Mustang Dr Seginaw TX 76179

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date
2/22/22

Full name of contributor out-of-state PAC (ID# _____)
Deeana Fry

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4809 Glen Springs Trl Fort Worth TX 76137

Principal occupation / Job title (See Instructions)
Sr. Systems Analyst

Employer (See Instructions)
NTTDATA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Smith	7 Amount of contribution (\$) \$1000⁰⁰
6 Contributor address; City; State; Zip Code 4328 Woodlake Dr Fort Worth TX 76135		
8 Principal occupation / Job title (See Instructions) Engineering Technician		9 Employer (See Instructions) FRA
Date 2/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MISSY Tyler	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 1211 Whispering Oaks Dr Keller TX		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-employed
Date 2/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amber Fuchs	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code 709 Trails End Cir Hurst TX 76054		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Farmer Insurance Agency
Date 2/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lisa Goff	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 3000 Mehan Ct Grapevine TX 76051		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nina Bellah	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 595 Shelly Ln Stephenville TX 76401		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) /
Date 2/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stefanie O'Connell	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Royal Crest mansfield TX 76063		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Mansfield ISD
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJ Ware	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 4029 Hillcrest Ct E Keller TX 76244		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Paradise Claims
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Clay	Amount of contribution (\$) \$55.05
Contributor address; City; State; Zip Code 604 Avel Chillicothe TX 79225		
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) /

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tosya Kidd	7 Amount of contribution (\$) \$50⁰⁰
6 Contributor address; City; State; Zip Code 2533 Elk Hollow Ln Weatherford, TX 76085		
8 Principal occupation / Job title (See Instructions) realtor/self-employed		9 Employer (See Instructions) Lonestar Realty Group
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer LeBlanc	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 5205 Black Hills Ct Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) realtor/self-employed		Employer (See Instructions) /
Date 3/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Lindsey	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code 4817 Glen Springs Trl Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) Senior Manager, Product Technology and Integration		Employer (See Instructions) Brinks Home Farmers Branch
Date 3/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Dills	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 3600 Clipper Mill Rd, Ste 150 Baltimore MD 21211		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Michael Dills Enterprises, EPS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Booker	7 Amount of contribution (\$) \$25⁰⁰
6 Contributor address; City; State; Zip Code 5232 Bellis Dr Fort Worth TX 76244		
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) /
Date 3/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Malloy	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 4916 Bob Wills Drive Fort Worth TX 76244		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) /
Date 3/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Cloy	Amount of contribution (\$) \$21.10
Contributor address; City; State; Zip Code 408 Roland Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) North Texas Plastic Surgery
Date 3/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mona Ford	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 233 Austin Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) /

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Fitzgerald	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2501 109th St Grand Prairie TX 75050		
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Harrah Industries
Date 3/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi Ruotolo	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1917 Serling Trace Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) City Quaker
Date 3/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendi Cochrane	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 7805 Stansfield Dr FORTWORTH TX 76137		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Keller ISD
Date 3/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy May	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1846 Pearson Crossing Keller TX 76248		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Micah Young</i>	7 Amount of contribution (\$) <i>\$252.50</i>
6 Contributor address; City; State; Zip Code <i>1521 Spanish Bay Dr Keller TX 76248</i>		
8 Principal occupation / Job title (See Instructions) <i>Self-employed realtor</i>		9 Employer (See Instructions) <i>/</i>
Date <i>3/27/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brittney Orren</i>	Amount of contribution (\$) <i>\$10⁰⁰</i>
Contributor address; City; State; Zip Code <i>1838 Pearson Crossing Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>Occupational Therapist</i>		Employer (See Instructions) <i>Baylor Iraperne</i>
Date <i>3/27/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Lamour</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
Contributor address; City; State; Zip Code <i>2128 Highland Park Cir Fort Worth, TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>/</i>
Date <i>3/27/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Johnson</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1467 Grape Arbor Ct Keller TX 76262</i>		
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>United Care USA</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Taylor	7 Amount of contribution (\$) \$2000
6 Contributor address; City; State; Zip Code 4024 Vernon Way Fortworth TX 76244		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 3/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Dunn	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 921 Gentle Wind Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
Date 3/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Cobb	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code 707 WLD Lockett Rd Colleyville TX 76034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica Davidson	Amount of contribution (\$) \$4000
Contributor address; City; State; Zip Code 4055 Elen Springs Trl Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) Trauma Program Manager		Employer (See Instructions) Baylor Scott & White Health

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>12</u>
2 FILER NAME <u>Jane Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/28/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sarah Borg</u>	7 Amount of contribution (\$) <u>\$1000</u>
	6 Contributor address; City; State; Zip Code <u>5109 Elen Canyon Fortworth TX 76137</u>	
8 Principal occupation / Job title (See Instructions) <u>FASTER Way to Fat Loss Coach</u>		9 Employer (See Instructions) <u>Self employed</u>
Date <u>3/28/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Holly Wise</u>	Amount of contribution (\$) 200 <u>\$200⁰⁰</u>
	Contributor address; City; State; Zip Code <u>8321 Fern Lake Dr Fortworth TX 76137</u>	
Principal occupation / Job title (See Instructions) <u>homemaker</u>		Employer (See Instructions)
Date <u>3/28/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linda Metcalf</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
	Contributor address; City; State; Zip Code <u>1601 Brentwood Trl Keller TX 76248</u>	
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
Date <u>3/28/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Danielle Shivers</u>	Amount of contribution (\$) <u>\$20⁰⁰</u>
	Contributor address; City; State; Zip Code <u>5837 Blackmon Ct Fortworth TX 76137</u>	
Principal occupation / Job title (See Instructions) <u>homemaker</u>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korey Wilkerson	7 Amount of contribution (\$) \$2000
6 Contributor address; City; State; Zip Code 5258 Cameron Creek Place #154 For Worth, TX 76132		
8 Principal occupation / Job title (See Instructions) Sales consultant		9 Employer (See Instructions) AT&T
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Bouchebel	Amount of contribution (\$) \$2500
Contributor address; City; State; Zip Code 1600 Greenhill Ct Keller TX 76248		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Bouchebel Consultants, LLC
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy Nichols	Amount of contribution (\$) \$2110
Contributor address; City; State; Zip Code 155 Mill Crossing Ln Springtown TX 76082		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) /
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Nichols	Amount of contribution (\$) \$2110
Contributor address; City; State; Zip Code 155 Mill Crossing Ln Springtown TX 76082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Jonu Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/22

5 Full name of contributor

Kelley Swallow

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 20⁰⁰

6 Contributor address;

City;

State;

Zip Code

4501 Hillcrest Cir #37 Fort Worth TX 76116

8 Principal occupation / Job title (See Instructions)

fitness instructor/trainer

9 Employer (See Instructions)

self-employed

Date

3/29/22

Full name of contributor

Christina Castillo

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 21.10

Contributor address;

City;

State;

Zip Code

6150 Dakmont Trl #301 Fort Worth TX 76132

Principal occupation / Job title (See Instructions)

self-employed/actress

Employer (See Instructions)

Date

3/29/22

Full name of contributor

Roqtech LLC

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$10.80

Contributor address;

City;

State;

Zip Code

3604 Cripple Creek Trl Roanoke TX 76262

Principal occupation / Job title (See Instructions)

self-employed

Employer (See Instructions)

Date

3/30/22

Full name of contributor

Doug and Bettie Taylor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 75⁰⁰

Contributor address;

City;

State;

Zip Code

4024 Vernon Way Fort Worth TX 76244

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassey Hopmann	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 533 Sorenson Trl Keller TX 76248		
8 Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) KC creative
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly Coker	Amount of contribution (\$) \$103.48
Contributor address; City; State; Zip Code 1323 Blair Ridge Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) /
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathcart Institute, LLC - Jim Cathcart	Amount of contribution (\$) \$21.10
Contributor address; City; State; Zip Code 11712 Red Oak Valley Ln Austin TX 78732		
Principal occupation / Job title (See Instructions) Lecturer, author, self-employed		Employer (See Instructions) Cathcart Institute, LLC
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Pearson	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 1620 Village Trail Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) /

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristyn Raughter</i>	7 Amount of contribution (\$) <i>\$57.99</i>
6 Contributor address; City; State; Zip Code <i>5425 Yellowstone Trl Fortworth TX 76137</i>		
8 Principal occupation / Job title (See Instructions) <i>Teacher</i>		9 Employer (See Instructions) <i>Alliance Christian Academy</i>
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peggy George</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 845 Pahoa HI 96778</i>		
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>Wild Puna Farms</i>
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Zafriou</i>	Amount of contribution (\$) <i>\$45.00</i>
Contributor address; City; State; Zip Code <i>9732 Sam Bass Trail Fortworth TX 76244</i>		
Principal occupation / Job title (See Instructions) <i>Senior Business Analyst</i>		Employer (See Instructions) <i>Charles Schwab</i>
Date <i>4/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anita Moore</i>	Amount of contribution (\$) <i>\$20.00</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>stay at home</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Wood	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code Keller TX 76248		
8 Principal occupation / Job title (See Instructions) Exec Biological Sales Specialist		9 Employer (See Instructions) Astra Zeneca
Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Pearson	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code 1620 Village Trail Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) /
Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John C Conrad	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Reichardt	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 8321 Trace Ridge Pkwy Fort Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Jon Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/22

5 Full name of contributor

Jennifer Banning

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

10⁰⁰

6 Contributor address;

City;

State;

Zip Code

11501 Maddie Ave Fort Worth TX 76244

8 Principal occupation / Job title (See Instructions)

Self-employed

9 Employer (See Instructions)

Date

4/6/22

Full name of contributor

Sabrina Menck

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

1317 Blue Ridgerd Keller TX 76248

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

Date

4/6/22

Full name of contributor

Rich Stoiler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

Keller TX 76248

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/6/22

Full name of contributor

Jalitta Cooley

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address;

City;

State;

Zip Code

4425 Southpointe Dr Richardson TX 75028

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reck Enzen	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 2037 Coventry Ct Keller TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Hill	Amount of contribution (\$) 20⁰⁰
Contributor address; City; State; Zip Code 2116 Bear Hollow Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Peace	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions) Stay at Home		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrienne Tobin	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 1821 Barrington Dr Keller TX 76262		
Principal occupation / Job title (See Instructions) Stay at Home		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Robertson	7 Amount of contribution (\$) 20⁰⁰
6 Contributor address; City; State; Zip Code Keller TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Gerard	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 1952 Winter Dr Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Cummings	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 1604 Pleasant Run Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Cole	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 2020 Banting Drive Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **12**

2 FILER NAME

Joni Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/22

5 Full name of contributor

Deborah Melancon

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City;

State;

Zip Code

Fort Worth TX

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/10/22

Full name of contributor

Carey Page

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

Keller TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/22

Full name of contributor

Shannon Walker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

553 Unbridled Ln, Keller TX 76248

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

Date

4/14/22

Full name of contributor

Tricia McWhorter

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

Fort Worth TX

Principal occupation / Job title (See Instructions)

Stay at home

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan DeWinter	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Whitacre	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 1707 Forest Bend Ln Keller TX 76248		
Principal occupation / Job title (See Instructions) Stay-at-home-mom		Employer (See Instructions)
Date 4/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Pierce	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code FORT WORTH TX 76244		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Gaines	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 9816 Ravenswood Rd Branbury TX 76049		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Pierce	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donis Lebreaux	Amount of contribution (\$) \$10⁰⁰
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Cobb	Amount of contribution (\$) \$2008⁰⁰
Contributor address; City; State; Zip Code 707 W. LD Lockett Rd Colleyville TX 76034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Pearson	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 1620 Village Trl Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milina Stoddard	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 5541 Murton Pl Fort Worth TX 76137		
8 Principal occupation / Job title (See Instructions) stay at home mom		9 Employer (See Instructions) ←
Date 4/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erik Leist	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Chandler Rd Keller TX 76248		
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) ←
Date 4/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Wynn	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9324 Shields St Fort Worth TX 76244		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) ←
Date 4/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lyons	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) crossing guard		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/29/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Liza Sharkey</i>	7 Amount of contribution (\$) <i>\$200⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>521 Bennington Ln Keller TX 76248</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Umiriam Turner</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
	Contributor address; City; State; Zip Code <i>Keller TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dennis Chamberlain</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kent D'Beig</i>	Amount of contribution (\$) <i>\$25⁰⁰</i>
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: <i>12</i>
---	---

2 FILER NAME <i>Joni Shaw Smith</i>	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------

4 Date <i>5/4/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ratie McMullen</i>	7 Amount of contribution (\$) <i>\$250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 770 Keller TX 76244</i>		

8 Principal occupation / Job title (See Instructions) <i>Stay at home mom</i>	9 Employer (See Instructions) <i>✓</i>
--	---

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$ 8,863.75</u>	
5 Date <u>2/25/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lori Claybrook</u>	8 Amount of Contribution \$ <u>\$ 3,863.75</u>	9 In-kind contribution description <u>yard signs 500 w/ stakes</u>
7 Contributor address; City; State; Zip Code <u>5013 Glen Springs Trl Fort Worth TX 76137</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>IAM (Cyber Security) manager</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>AutoNation, Inc</u>	
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 <u>5/19/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KISD Family Alliance</u>	Amount of Contribution \$ <u>\$5000.00</u>	In-kind contribution description <u>mailers</u>
Contributor address; City; State; Zip Code <u>P.O. Box 80382 Keller TX 76244</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/25/22</u>	5 Payee name <u>Star Sports Keller</u>	
6 Amount (\$) <u>\$ 547.74</u>	7 Payee address; <u>901 Keller Pkwy Unit H</u>	City; <u>Keller TX</u> State; <u>TX</u> Zip Code <u>76248</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>other / advertising expense</u>	(b) Description <u>t-shirts</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustees Pl 2</u> Office held
Date <u>3/28/22</u>	Payee name <u>ms marketing</u>	
Amount (\$) <u>\$ 294.44</u>	Payee address; <u>310 N Main St Unit E</u>	City; <u>Keller TX</u> State; <u>TX</u> Zip Code <u>76248</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>door hangers & printing post cards</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustees Pl 2</u> Office held
Date <u>4/22/22</u>	Payee name <u>ms marketing</u>	
Amount (\$) <u>\$ 324.75</u>	Payee address; <u>310 N main St Unit E</u>	City; <u>Keller TX</u> State; <u>TX</u> Zip Code <u>76248</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>printing - postcards</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustees, Pl 2</u> Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 2	2 FILER NAME Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
-------------------------------------	-------------------------------------	---------------------------------------

4 Date 4/10/22	5 Payee name Axiom Strategies
-----------------------	--------------------------------------

6 Amount (\$) \$8,440⁰⁰	7 Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City MO 64112
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense/printing	(b) Description Direct mail
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joni Shaw Smith	Office sought Keller ISO Board of Trustees PI 2	Office held
---	---	---	-------------

Date 4/28/22	Payee name Pay Pal
---------------------	------------------------------

Amount (\$) \$416.51	Payee address; City; State; Zip Code PayPal.com
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description banking fees - paypal
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joni Shaw Smith	Office sought Keller ISO Board of Trustees PI 2	Office held
---	---	---	-------------

Date 5/4/22	Payee name Pay Pal
--------------------	------------------------------

Amount (\$) \$20.52	Payee address; City; State; Zip Code PayPal.com
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description banking fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joni Shaw Smith	Office sought Keller ISO Board of Trustees PI 2	Office held
---	---	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>5/6/22</u>	5 Payee name <u>Carol Young</u>	
6 Amount (\$) <u>\$1100⁰⁰</u>	7 Payee address; City; State; Zip Code <u>1521 Spanish Bay Drive Keller TX 76248</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	(b) Description <u>Volunteer/Watch Party election night - fajitas, etc.</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee, P12</u>
Date <u>3/8/22</u>	Payee name <u>Edgerton Strategies, LLC</u>	
Amount (\$) <u>\$1,157⁷⁴</u>	Payee address; City; State; Zip Code <u>1540 Keller Parkway #108-402 Keller TX 76248</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising/printing expense</u>	Description <u>4x4 foot campaign signs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee, P12</u>
Date <u>5/6/22</u>	Payee name <u>Edgerton Strategies, LLC</u>	
Amount (\$) <u>900⁰⁰</u>	Payee address; City; State; Zip Code <u>1540 Keller Parkway #108-402 Keller TX 76248</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>digital media</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee, P12</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>5/16/22</u>	5 Payee name <u>Axiom Strategies</u>	
6 Amount (\$) <u>\$2295⁰⁰</u>	7 Payee address; City; State; Zip Code <u>800 W 47th St Ste 200 Kansas City MO 64112</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising/printing</u>	(b) Description <u>mailers/direct mail</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee, P12</u>
Date <u>5/31/22</u>	Payee name <u>Axiom Strategies</u>	
Amount (\$) <u>\$575⁰⁰</u>	Payee address; City; State; Zip Code <u>800 W 47th St Ste 200 Kansas City MO 64112</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising/printing</u>	Description <u>direct mail</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee, P12</u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 1/26/22	6 Payee name Go Paddy.com	
7 Amount (\$) \$89.42	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Joni Shaw Smith	Office sought / Office held Keller ISD Board of Trustee Pl 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>1</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>3/17/22</u>	6 Payee name <u>ms marketing</u>	
7 Amount (\$) <u>\$644.63</u>	8 Payee address; <u>310 N main St Unit E</u>	City; State; Zip Code <u>Keller TX 76248</u>
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>printing expense</u>	(b) Description <u>door hangers & printing push cards</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>
12 Date <u>3/14/22</u>	13 Payee name <u>ms marketing</u>	
14 Amount (\$) <u>\$405.94</u>	15 Payee address; <u>310 N main St Unit E</u>	City; State; Zip Code <u>Keller TX 76248</u>
16 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
17 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>printing expense</u>	(b) Description <u>door hangers post cards printing signs.</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
18 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Joni Shaw Smith</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>Axiom Strategies</i>	
6 Amount (\$) <i>\$590.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>800 W 47th St Ste 200 Kansas City MO 64112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising/printing</i>	(b) Description <i>direct mail</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Joni Shaw Smith</i>	Office sought / Office held <i>Keller ISD Board of Trustees, P12</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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/OH NAME

Joni Shaw Smith

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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.

Joni Shaw Smith
Signature of Candidate / Officeholder

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 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 from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

6 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- 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.

Joni Shaw Smith
Signature of Officeholder