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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR **MR**	FIRST **STEVE**	MI **A**	OFFICE USE ONLY
	NICKNAME	LAST **Smith**	SUFFIX	HOLLY THOMAS, COUNTY CLERK JASPER COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS [ ] Change of Address	ADDRESS / PO BOX; ██████ ██	APT / SUITE #;	CITY; **Jasper**	STATE; **Tx,**	ZIP CODE **75951**

Date Hand-delivered or Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE **(409)**	PHONE NUMBER **382 8953**	EXTENSION

Receipt #	Amount $

6 CAMPAIGN TREASURER NAME	MS / MRS / MR **MS**	FIRST **Alison**	MI **A**
	NICKNAME	LAST **MATHEWS**	SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); ████ ██ ██████	APT / SUITE #;	CITY: **Jasper**	STATE; **Tx**	ZIP CODE **75951**

8 CAMPAIGN TREASURER PHONE	AREA CODE **(409)**	PHONE NUMBER **698-5697**	EXTENSION

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 **11** Day **13** Year **25**	THROUGH	Month **1** Day **14** Year **26**

11 ELECTION	ELECTION DATE Month **3** Day **3** Year **26**	[✓] Primary [ ] General	[ ] Runoff [ ] Special	ELECTION TYPE [ ] Other Description

12 OFFICE	OFFICE HELD (if any) **Jasper Co. Pct,1**	13 OFFICE SOUGHT (if known) **Justice of The Peace**

14 NOTICE FROM POLITICAL COMMITTEE(S) [ ] 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.	
	COMMITTEE TYPE	COMMITTEE NAME
	[ ] GENERAL	COMMITTEE ADDRESS
	[ ] SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	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)	$ 4800
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3908,30
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 891.70
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.

Steve Smith
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Mellissa Smith_ this the _14_ day of _January_,

20 _26_, to certify which, witness my hand and seal of office.

Mellissa Smith	_Mellissa Smith_	_Clerk Deputy_
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

(month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4,800
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

4 Date 12.3.25	5 Payee name DESIGNER graphics

6 Amount ($) 2689.43	7 Payee address; ███████ ██ █████ City; Tyler State; Tx. Zip Code 75703

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 11.13.25	Payee name Jasper Co. Republican Party

Amount ($) 375.	Payee address; ██ ████ City; Evadale State; Tx Zip Code 77615

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) FEE's	Description Ballot Application fee
☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 12-8.25	Payee name Everything U

Amount ($) 391.13	Payee address; ████ ██████ ██ City; Jasper State; Tx Zip Code 75951

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Advertising	Description Shirts, CAPS
☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	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			

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

4 Date 12·8·25	5 Payee name KJAS RADIO			
6 Amount ($) 50—	7 Payee address: ███ ████	City; JASPer	State; Tx	Zip Code 75951

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Advertizing	(b) Description Parade
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12·8·25	Payee name Everything U			
Amount ($) 402.74	Payee address: ██ ████	City; JASPer	State; Tx	Zip Code 75951

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description shirts - CAPS
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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

Date	Payee name			
Amount ($)	Payee address:	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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

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