

# 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

FIRST

MI

Mr.

JEFF

NICKNAME

LAST

SUFFIX

SMITH

OFFICE USE ONLY

APR 02 2025

Date Received

APR 02 2025

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

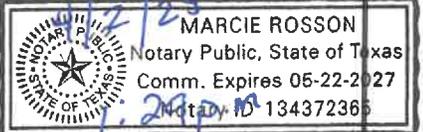
STATE;

ZIP CODE

[REDACTED]

COSSICANA TX

75110



Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 654-0411

Date Hand-delivered or Date Postmarked

Hand delivered

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

DANIEL

NICKNAME

LAST

SUFFIX

OWEN

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

1908 Dartmouth h.

Cossicana

Tx

75110

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 875-5462

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 / 15 / 25

THROUGH

Month Day Year

4 / 3 / 25

11 ELECTION

ELECTION DATE

Month Day Year

5 / 3 / 25

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council Pct. 4

13 OFFICE SOUGHT (if known)

City Council Pct. 4

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

GENERAL

SPECIFIC

COMMITTEE NAME

TREPAZ

COMMITTEE ADDRESS

P.O. BOX 2246 AUSTIN, TX 78768-2246

COMMITTEE CAMPAIGN TREASURER NAME

Melinda Randall

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. BOX 2246 Austin, TX 78768-2246

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

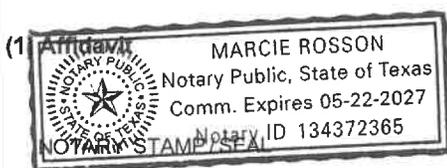
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,850.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,600.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,950.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 960.30

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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Jeff Smith this the 2nd day of April,

20 25, to certify which, witness my hand and seal of office.

Marcie Rosson Marcie Rosson 1:30p.m.  
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

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 960.30
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,600.01
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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:
2 FILER NAME <b>JEFFREY GLENN SMITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ED JEWIN</b>	7 Amount of contribution (\$) <b>\$ 300</b>
	6 Contributor address; City; State; Zip Code <b>[REDACTED] COCHRAN TX 75110</b>	
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions) <b>RETIRED</b>
Date <b>3/20/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID TAYLOR</b>	Amount of contribution (\$) <b>\$ 300.-</b>
	Contributor address; City; State; Zip Code <b>[REDACTED] COCHRAN TX 75110</b>	
Principal occupation / Job title (See Instructions) <b>FINANCIAL ADVISER</b>		Employer (See Instructions) <b>RAYMOND JAMES</b>
Date <b>3/20/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUDITH JOHNSON</b>	Amount of contribution (\$) <b>\$ 250.-</b>
	Contributor address; City; State; Zip Code <b>[REDACTED] COCHRAN TX 75110</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
Date <b>3/20/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TREDAE</b>	Amount of contribution (\$) <b>\$ 1000.-</b>
	Contributor address; City; State; Zip Code <b>[REDACTED] AUSTIN TX 78768</b>	
Principal occupation / Job title (See Instructions) <b>POLITICAL ACTION COMMITTEE</b>		Employer (See Instructions) <b>HARRIS COUNTY BOARD OF LEADERS</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# LOANS

# SCHEDULE E

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 E:
2 FILER NAME <i>Jeff Smith</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>3/11/25</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Jeff Smith</i>	9 Loan Amount (\$) <i>960.30</i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code  <i>[REDACTED] CONROCK, TX 75110</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		13 Employer (See Instructions) <i>Self</i>
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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  
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Jeff Smith</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/11/25</i>	<b>5</b> Payee name <i>Jeffy's Custom Graphics</i>	
<b>6</b> Amount (\$) <i>960.30</i>	<b>7</b> Payee address; 	City; State; Zip Code <i>Corsicana TX 75109</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/21</i>	Payee name <i>Green Worx Printing</i>	
Amount (\$) <i>\$164.71</i>	Payee address; 	City; State; Zip Code <i>Corsicana TX 75110</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Flyers</i>
	<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
Date <i>3/6/25</i>	Payee name <i>Nuvco Chronicle</i>	
Amount (\$) <i>475.00</i>	Payee address; 	City; State; Zip Code <i>Corsicana TX 75110</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Newspaper Advertisement</i>
	<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