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 — JEFFERY / MI	**OFFICE USE ONLY**
	NICKNAME / LAST — SMITH / SUFFIX	Date Received **RECEIVED** JUL 1 0 2025 BY: M. Rosson 2:30 pm

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
CORSICANA, TX 75110

Date Hand-delivered or Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (903) PHONE NUMBER 654-0411 EXTENSION

Receipt #	Amount $

6 CAMPAIGN TREASURER NAME

MS / MRS / MR — MR. / FIRST — DANIEL / MI
NICKNAME / LAST — OWEN / SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); 1908 DARTMOUTH LN. APT / SUITE #; CITY; CORSICANA STATE; TX ZIP CODE 75110

8 CAMPAIGN TREASURER PHONE

AREA CODE (903) PHONE NUMBER 875-5462 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 4 / Day 28 / Year 2025 THROUGH Month / Day / Year

11 ELECTION

ELECTION DATE
Month 5 / Day 3 / Year 2025

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)

☐ 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

GO TO PAGE 2

Forms provided by Texas Ethics Commission
www.ethics.state.tx.us
Revised 1/1/2024

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	JEFFERY 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)	$	0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	2210.30
	4.	**TOTAL POLITICAL EXPENDITURES**	$	2210.30
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	3479.29
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:

MARCIE ROSSON
Notary Public, State of Texas
Comm. Expires 05-22-2027
Notary ID 134372365
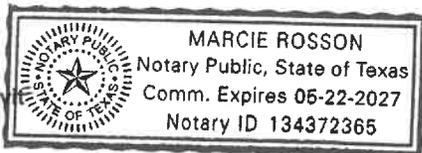
(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by ___Jeff Smith___ this the _10th_ day of _July_,

20 _25_, to certify which, witness my hand and seal of office.

Marcie Rosson	_Marcie Rosson_	_City Secretary_
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)	
JEFFERY SMITH		

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		$ 0
2. ☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		$ 0
3. ☑ SCHEDULE B: PLEDGED CONTRIBUTIONS		$ 0
4. ☑ SCHEDULE E: LOANS		$ 960.30
5. ☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		$ 1250.-
6. ☑ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		$ 0
7. ☑ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		$ 0
8. ☑ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		$ 0
9. ☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		$ 0
10. ☑ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		$ 0
11. ☑ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		$ 0
12. ☑ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		$ 0

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 _JEFFERY SMITH_	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $ **960.30**

5 Date of loan **3/11/2025**	**7** Name of lender ☐ out-of-state PAC (ID#:_____) **SELF**	**9** Loan Amount ($) **960.30**
6 Is lender a financial Institution? Y (**N**)	**8** Lender address; City; State; Zip Code	**10** Interest rate _0_ **11** Maturity date _N/A_

12 Principal occupation / Job title (See Instructions) **REALTOR / SELF**	**13** Employer (See Instructions)

14 Description of Collateral ☒ none	**15** ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ 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 ☐ 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 ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ 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	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 FILER NAME JEFFERY SMITH	3 Filer ID (Ethics Commission Filers)
1		

4 Date 7/3/2025	5 Payee name Phillip Green			
6 Amount ($) 1000.-	**7 Payee address:** ▇▇▇▇▇▇	City; CORSICANA	State; TX	Zip Code 75120

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Video & video editing
	(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 ~~JEFF~~	Office sought	Office held

Date 7/3/2025	Payee name AINSLEY GREEN			
Amount ($) 250.-	Payee address: ▇▇▇▇▇▇	City; Corsicana	State; TX	Zip Code 75110

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Marketing
	☐ 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	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED