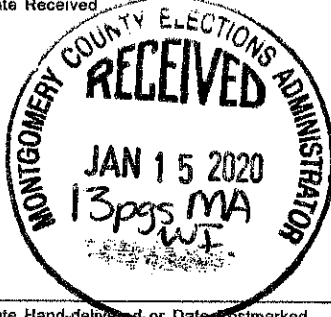


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">13</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <i>MR. BRYAN A.</i> <small>NICKNAME LAST SUFFIX</small> <div style="text-align: center; font-size: 18px; font-weight: bold;">SKERO</div> | <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0; font-weight: bold; font-size: 14px;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p>  <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <p style="margin: 5px 0;">Receipt # Amount \$</p> <p style="margin: 5px 0;">Date Processed</p> <p style="margin: 5px 0;">Date Imaged</p> </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>20811 US HIGHWAY 59, #1323 NEW CANEY, TX 77357</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(281) 652-6327</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>MRS. ANGELA V.</i> <small>NICKNAME LAST SUFFIX</small> <div style="text-align: center; font-size: 18px; font-weight: bold;">SMITH</div> | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3115 WOLCIK RD. CROSBY, TX 77532</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(281) 352-9957</i> | | |
| 9 REPORT TYPE | <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <small>Month Day Year</small> <i>07 / 01 / 2019</i> </div> <div style="text-align: center;">THROUGH</div> <div style="text-align: center;"> <small>Month Day Year</small> <i>12 / 31 / 2019</i> </div> </div> | | |
| 11 ELECTION | <small>ELECTION DATE</small> <small>Month Day Year</small> <i>03 / 03 / 20</i> | <small>ELECTION TYPE</small> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <i>MONTGOMERY COUNTY CONSTABLE PRECINCT 4</i> | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME BRYAN ANTHONY SKERO 15 Filer ID (Ethics Commission Filers)

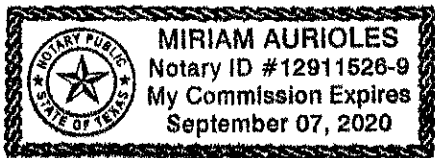
16 NOTICE FROM POLITICAL COMMITTEE(S)

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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ 152.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,100.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 721.54 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,663.97 |
| 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 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bryan Anthony Skero, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

Miriam Aurioles Miriam Aurioles Elections Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>ANGELA V. 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>3,100.00</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>405.94</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ <i>1,000.00</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>2,316.38</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>1,347.59</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3
1 of 3

2 FILER NAME ANGELA V. SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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

Amount of contribution (\$)

7-14-19

TIM HAYES

\$100.00

Contributor address; City; State; Zip Code
2611 FOUNTAIN VIEW ST. NEW CANEY, TX 77357

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PEACE OFFICER

HARRIS COUNTY SHERIFF

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

Amount of contribution (\$)

7-16-19

DONNA CARLSON

\$100.00

Contributor address; City; State; Zip Code
14201 RADFORD CT. WOODBRIDGE, VA 22191

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ONSITE MANAGER

CARDINAL MANAGEMENT GROUP

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

Amount of contribution (\$)

7-22-19

RICHARD NEPROW

\$100.00

Contributor address; City; State; Zip Code
1223 JEFFCOAT RD. CONROE TX 77303

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PILOT

JETLINX

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

2 FILER NAME

ANGELA V. SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

8-3-19

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

DUC LE

6 Contributor address; City; State; Zip Code

6734 BELLAIRE GARDENS DR, HOUSTON TX 77072

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

PHYSICIAN

9 Employer (See Instructions)

SELF-EMPLOYED

Date

8-7-19

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

LARRY CLOWERS

Contributor address; City; State; Zip Code

5106 NATURAL BRIDGE KINGWOOD TX 77345

Amount of contribution (\$)

\$2,000.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

FIREWORKS STAND

Date

9-4-19

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

PHILL CADY

Contributor address; City; State; Zip Code

14429 CARPENTER RD. CONROE, TX 77302

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

LEAD TECHNICIAN

Employer (See Instructions)

UNITED AIRLINES

Date

9-16-19

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

JONNA JOHNSON

Contributor address; City; State; Zip Code

26645 BAYOU TESCH MAGNOLIA, TX 77354

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

FARMER

Employer (See Instructions)

SELF-EMPLOYED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
383

2 FILER NAME
ANGELA V. SMITH

3 Filer ID (Ethics Commission Filers)

4 Date
9-18-19

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

DUSTIN MOLINA
6 Contributor address; City; State; Zip Code
901 BEACON HOUSTON TX 77015

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)
WRECKER DRIVER

9 Employer (See Instructions)
HIGHWAY 90 COLLISION

Date
10-5-19

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

TAMMY GUNNELS
Contributor address; City; State; Zip Code
19689 MERCEDELL DR. PORTER, TX 77365

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
MAID 4U

Date
11-15-19

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

JAMES HUFFMAN
Contributor address; City; State; Zip Code
185 NATCHEZ RD. LIVINGSTON, TX 77351

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
TEXAS CANDLE SUPPLY

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

| | | | |
|--|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 181 | |
| 2 FILER NAME ANGELA V. SMITH | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 405.94 | |
| 5 Date 7-17-19 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILMA SKERO | 8 Amount of Contribution \$ 405.94 | 9 In-kind contribution description DOOR HANGERS |
| 7 Contributor address; City; State; Zip Code 23443 JOHNSON RD, NEW CANEY TX 77357 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) PHLEBOTOMY TECHNICIAN | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) METHODIST HOSPITAL | |
| 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

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: <i>1 of 2</i> | 2 FILER NAME <i>ANGEZA V. SMITH</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>8-20-19</i> | 5 Payee name <i>NBD GRAPHICS</i> | |
| 6 Amount (\$) <i>\$326.38</i> | 7 Payee address; City; State; Zip Code <i>917 S. MASON RD. KATY, TX 77450</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i> | (b) Description <i>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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>BRYAN SKERO</i> | Office sought <i>MOCO CONSTABLE PCT 4</i> |
| 10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>BRYAN SKERO</i> | Office held <i>MOCO CONSTABLE PCT 4</i> |
| 11 Date <i>9-13-19</i> | 12 Payee name <i>MONTGOMERY COUNTY REPUBLICAN PARTY</i> | |
| 13 Amount (\$) <i>\$250.00</i> | 14 Payee address; City; State; Zip Code <i>74 N. VERANDA RIDGE SPRING TX 77382</i> | |
| 15 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i> | Description <i>GOLF TOURNAMENT</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 16 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>BRYAN SKERO</i> | Office sought <i>MOCO CONSTABLE PCT 4</i> |
| 17 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>BRYAN SKERO</i> | Office held <i>MOCO CONSTABLE PCT 4</i> |
| 18 Date <i>10-2-19</i> | 19 Payee name <i>MASON TEEGARDIN</i> | |
| 20 Amount (\$) <i>\$440.00</i> | 21 Payee address; City; State; Zip Code <i>23443 JOHNSON RD NEW CANEY, TX 77357</i> | |
| 22 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i> | Description <i>CANVASSER</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 23 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>BRYAN SKERO</i> | Office sought <i>MOCO CONSTABLE PCT. 4</i> |
| 24 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>BRYAN SKERO</i> | Office held <i>MOCO CONSTABLE PCT. 4</i> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>2 of 2</i> | | 2 FILER NAME <i>ANGEZA V. SMITH</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>10-30-19</i> | | 5 Payee name <i>MASON TEEGARDIN</i> | | | |
| 6 Amount (\$) <i>\$200.00</i> | | 7 Payee address; <i>23443 JOHNSON RD.</i> | | City; State; Zip Code <i>NEW CANEY TX 77357</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i> | | (b) Description <i>CANVASSER</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>BRYAN SKERO</i> | | Office sought Office held <i>MCOO CONSTABLE PG 4</i> | |
| Date <i>10-15-19</i> | | Payee name <i>MONTGOMERY COUNTY REPUBLICAN PARTY</i> | | | |
| Amount (\$) <i>\$100.00</i> | | Payee address; <i>74 N. VERANDA RIDGE</i> | | City; State; Zip Code <i>SPRING TX 77382</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i> | | Description <i>GOLF TOURNAMENT</i> | | |
| | <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 <i>12-6-19</i> | | Payee name <i>MONTGOMERY COUNTY REPUBLICAN PARTY</i> | | | |
| Amount (\$) <i>\$1,000.00</i> | | Payee address; <i>704 N. THOMPSON ST. #195</i> | | City; State; Zip Code <i>CONROE, TX 77301</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>OTHER - FILING FEE</i> | | 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

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: 1033 | 2 FILER NAME ANGELA V. SMITH | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 721.54 |
|--|-----------|

| | |
|-------------------------|-------------------------------------|
| 5 Date 7-9-19 | 6 Payee name GO DADDY.COM |
|-------------------------|-------------------------------------|

| | | | | |
|----------------------------------|---|------------------------|--------|-------------------|
| 7 Amount (\$) \$102.21 | 8 Payee address; 14455 N. HAYDEN RD. SUITE 100 | City; SCOTTSDALE AZ | State; | Zip Code 85260 |
|----------------------------------|---|------------------------|--------|-------------------|

| | | |
|------------------------------|------------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - WEBSITE SET-UP | (b) Description |
| | (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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|----------------|--------------------------------------|
| Date 8-9-19 | Payee name TROUT TIRE CENTER, INC |
|----------------|--------------------------------------|

| | | | | |
|-------------------------|-------------------------------------|--------------------|--------|-------------------|
| Amount (\$) \$173.63 | Payee address; 25044 FM 1314 RD. | City; PORTER TX | State; | Zip Code 77365 |
|-------------------------|-------------------------------------|--------------------|--------|-------------------|

| | | |
|----------------------------|------------------------------------|--|
| 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) TRANSPORTATION EQUIPMENT & RELATED EXPENSE | Description PARADE TRAILER FLOAT REPAIRS |
| | <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

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: <i>2 of 3</i> | 2 FILER NAME <i>ANGELA V. SMITH</i> | 3 Filer ID (Ethics Commission Filers) |
|---|--|---------------------------------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|-------------------------|--|
| 5 Date <i>8-5-19</i> | 6 Payee name <i>ALBERTO GUTIERREZ</i> |
|-------------------------|--|

| | |
|----------------------------------|---|
| 7 Amount (\$) <i>\$200.00</i> | 8 Payee address; City; State; Zip Code <i>BAYTOWN TX</i> |
|----------------------------------|---|

| | | |
|-----------------------|---|--|
| 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) <i>TRANSPORTATION EQUIPMENT & RELATED EXPENSES</i> | (b) Description <i>PARADE TRAILER FLOAT REPAIRS</i> |
| | (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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|--------------------------------|
| Date <i>9-23-19</i> | Payee name <i>AGODA.COM</i> |
|------------------------|--------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) <i>\$236.92</i> | Payee address; City; State; Zip Code <i>ON-LINE HOTEL BOOKING</i> |
|--------------------------------|--|

| | | |
|---------------------|------------------------------------|--|
| 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) <i>TRAVEL OUT OF DISTRICT</i> | 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 <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

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: <i>3 of 3</i> | 2 FILER NAME <i>ANGELA V. SMITH</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date <i>10-10-19</i> | 6 Payee name <i>MONTGOMERY COUNTY REPUBLICAN PARTY</i> | |
| 7 Amount (\$) <i>\$250.00</i> | 8 Payee address; City; State; Zip Code <i>74 N. VERANDA RIDGE SPRING TX 77382</i> | |
| 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) <i>EVENT EXPENSE</i> | (b) Description <i>GOLF TOURNAMENT</i> |
| | (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 | Office sought |
| Office held | | |
| Date <i>12-13-19</i> | Payee name <i>NBD GRAPHICS</i> | |
| Amount (\$) <i>\$384.83</i> | Payee address; City; State; Zip Code <i>917 S. MASON RD. KATY TX 77450</i> | |
| 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) <i>PRINTING EXPENSE</i> | 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 | |
| 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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

ANGELA V. SMITH

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

12-6-19

7 Name of lender

BRYAN SKERO

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

9 Loan Amount (\$)

\$1,000.00

6 Is lender a financial institution?

Y N

8 Lender address;

23443 JOHNSON RD

City;

NEW CANEY, TX 77357

State; Zip Code

10 Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

PEACE OFFICER

13 Employer (See Instructions)

HARRIS COUNTY CONSTABLE

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;

City;

State; Zip Code

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City;

State; Zip Code

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.