

# 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="checkbox"/> MR	FIRST <b>Joni</b>	MI <b>S</b>	OFFICE USE ONLY	
	NICKNAME	LAST <b>Smith</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
<input type="checkbox"/> Change of Address	<b>4801 Glen Springs Trl Fort Worth TX 76139</b>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<b>(817)</b>	<b>800-9002</b>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR	FIRST <b>Jeffrey</b>	MI <b>D</b>	OFFICE USE ONLY	
	NICKNAME <b>Jeff</b>	LAST <b>Smith</b>	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE
(Residence or Business)	<b>4801 Glen Springs Trl</b>			<b>Fort Worth</b>	<b>TX 76139</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<b>(817)</b>	<b>996-2293</b>			
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
	<b>1</b>	<b>19</b>	<b>22</b>		<b>3 / 28 / 22</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	<b>5</b>	<b>7</b>	<b>22</b>		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			<b>Keller ISO Board of Trustees, Pl. 2</b>		
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	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	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

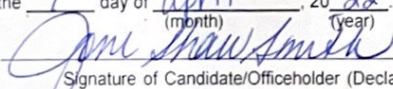
NOTARY STAMP/SEAL

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

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

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: <b>5</b>
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2 FILER NAME <b>Joni Shaw Smith</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/22/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James Smith</b>	7 Amount of contribution (\$) <b>\$1000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>4328 Woodlake Dr Fort Worth TX 76135</b>		

8 Principal occupation / Job title (See Instructions) <b>Engineering Technician</b>	9 Employer (See Instructions) <b>FRA</b>
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Date <b>2/22/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MISSY Tyler</b>	Amount of contribution (\$) <b>\$200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1211 Whispering Oaks Dr Keller TX</b>		

Principal occupation / Job title (See Instructions) <b>CPA</b>	Employer (See Instructions) <b>Self-employed</b>
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Date <b>2/24/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Amber Fuchs</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>709 Trails End Cir Hurst TX 76054</b>		

Principal occupation / Job title (See Instructions) <b>owner</b>	Employer (See Instructions) <b>Farmer Insurance Agency</b>
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Date <b>2/24/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lisa Goff</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3000 Mahan Ct Grapevine TX 76051</b>		

Principal occupation / Job title (See Instructions) <b>homemaker</b>	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Joni Shaw Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/25/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nina Bellah</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>595 Shelly Ln Stephenville TX 76401</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>/</b>
Date <b>2/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stefanie O'Connell</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Royal Crest mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions) <b>teacher</b>		Employer (See Instructions) <b>Mansfield ISD</b>
Date <b>3/1/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TJ Ware</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4029 Hillcrest Ct E Keller TX 76244</b>		
Principal occupation / Job title (See Instructions) <b>owner</b>		Employer (See Instructions) <b>Paradise Claims</b>
Date <b>3/1/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Roger Clay</b>	Amount of contribution (\$) <b>\$55.05</b>
Contributor address; City; State; Zip Code <b>604 Avel Chillicothe TX 79225</b>		
Principal occupation / Job title (See Instructions) <b>self-employed</b>		Employer (See Instructions) <b>/</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>		

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: <span style="font-size: 1.5em;">5</span>
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2 FILER NAME <span style="font-size: 1.2em;">Joni Shaw Smith</span>	3 Filer ID (Ethics Commission Filers)
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4 Date <span style="font-size: 1.2em;">3/1/22</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Tosya Kidd</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">\$50<sup>00</sup></span>
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2533 Elk Hollow Ln Weatherford, TX 76085</span>		

8 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">realtor/self-employed</span>	9 Employer (See Instructions) <span style="font-size: 1.2em;">Lonestar Realty Group</span>
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Date <span style="font-size: 1.2em;">3/1/22</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Jennifer LeBlanc</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$50<sup>00</sup></span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">5205 Black Hills Ct Fort Worth TX 76137</span>		

Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">realtor/self-employed</span>	Employer (See Instructions) <span style="font-size: 1.2em;">/</span>
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Date <span style="font-size: 1.2em;">3/2/22</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Jeffrey Lindsey</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$ 50<sup>00</sup></span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4817 Glen Springs Trl Fort Worth TX 76137</span>		

Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Senior Manager, Product Technology and Integration</span>	Employer (See Instructions) <span style="font-size: 1.2em;">Brinks Home Farmers Branch</span>
--	--

Date <span style="font-size: 1.2em;">3/6/22</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Michael Dills</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$ 100<sup>00</sup></span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">3600 Clipper Mill Rd, Ste 150 Baltimore MD 21211</span>		

Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">owner</span>	Employer (See Instructions) <span style="font-size: 1.2em;">Michael Dills Enterprises, EPS</span>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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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>\$25<sup>00</sup></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>\$50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4916 Bob Wills 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>\$50<sup>00</sup></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>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Joni Shaw Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/27/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Micah Young</b>	7 Amount of contribution (\$) <b>\$252.50</b>
6 Contributor address; City; State; Zip Code <b>1521 Spanish Bay Dr Keller TX 76248</b>		
8 Principal occupation / Job title (See Instructions) <b>self-employed realtor</b>		9 Employer (See Instructions) <b>/</b>
Date <b>3/27/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brittney Orren</b>	Amount of contribution (\$) <b>\$10<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1838 Pearson Crossing Keller TX 76248</b>		
Principal occupation / Job title (See Instructions) <b>Occupational Therapist</b>		Employer (See Instructions) <b>Baylor Therapene</b>
Date <b>3/27/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kenneth Lamour</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2128 Highland Park Cir Fort Worth, TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>/</b>
Date <b>3/27/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Deborah Johnson</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1467 Grape Arbor Ct Keller TX 76262</b>		
Principal occupation / Job title (See Instructions) <b>Director</b>		Employer (See Instructions) <b>United Care USA</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>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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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 &amp; White Health</i>
<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>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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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>\$10<sup>00</sup></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 (\$) <del>_____</del> <i>\$200<sup>00</sup></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>\$50<sup>00</sup></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>\$20<sup>00</sup></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><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>		

# 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><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>			

**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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME John Shaw Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/25/22	<b>5</b> Payee name Star Sports Keller	
<b>6</b> Amount (\$) \$ 547.74	<b>7</b> Payee address; City, State, Zip Code 901 Keller Pkwy Unit H Keller TX 76248	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) other advertising expense	<b>(b)</b> Description t-shirts
	<b>(c)</b> <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 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; City, State, Zip Code 310 N Main St Unit E Keller TX 76248		
<b>8</b> 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		
<b>8</b> 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.

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

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

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# 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.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>John Shaw Smith</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>3/8/22</u>	<b>5</b> Payee name <u>Edgerton Strategies, LLC</u>	
<b>6</b> Amount (\$) <u>\$1,157.74</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address, City, State, Zip Code <u>1540 Keller Parkway #108-402 Keller TX 76248</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	<b>(b)</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	
<b>9</b> 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>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address, City, State, Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<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
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address, City, State, Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<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

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