

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: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Joni	MI S	OFFICE USE ONLY	
	NICKNAME	LAST Smith	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 4801 Glen Springs Trl Fort Worth TX 76137				
<input type="checkbox"/> Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 800-9002	EXTENSION	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Jeffrey	MI D	Date Hand-delivered or Date Postmarked	
	NICKNAME Jeff	LAST Smith	SUFFIX	Receipt #	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 4801 Glen Springs Trl Fort Worth TX 76137			Amount \$	
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 996-2293	EXTENSION	Date Processed	
9 REPORT TYPE	<input 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 checked="" 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 1 / 19 / 22		THROUGH	Month Day Year 4 / 29 / 22	
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Keller ISD Board of Trustees, PI 2			
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 <u>Joni Shaw Smith</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>19,623.07</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,321.17</u>
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 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 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 28 day of April, 2022.
(month) (year)

Joni Shaw Smith
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>15,759³²</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,863⁹⁵</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>10,023⁴⁴</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>1139⁹⁹</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1157⁷⁴</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: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/16/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>William Smith</u>	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address; City; State; Zip Code <u>4133 Drexmore Rd Fortworth TX 76244</u>		
8 Principal occupation / Job title (See Instructions) <u>manager</u>		9 Employer (See Instructions) <u>BNSF Railway</u>
Date <u>2/17/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Cindy Shaw</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>570 Sleepy Hollow Ln Weatherford TX 76085</u>		
Principal occupation / Job title (See Instructions) <u>bookkeeper</u>		Employer (See Instructions) <u>Angelo's BBQ</u>
Date <u>2/17/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Virginia Sue Hughes</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>601 Mustang Dr Saginaw TX 76179</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
Date <u>2/22/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Deeana Fry</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>4809 Glen Springs Trl Fortworth TX 76137</u>		
Principal occupation / Job title (See Instructions) <u>Sr. Systems Analyst</u>		Employer (See Instructions) <u>NTT DATA</u>

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

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: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/22/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Smith</u>	7 Amount of contribution (\$) <u>\$1000⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>4328 Woodlake Dr Fort Worth TX 76135</u>		
8 Principal occupation / Job title (See Instructions) <u>Engineering Technician</u>		9 Employer (See Instructions) <u>FAA</u>
Date <u>2/22/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Missy Tyler</u>	Amount of contribution (\$) <u>\$200⁰⁰</u>
Contributor address; City; State; Zip Code <u>1211 Whispering Oaks Dr Keller TX</u>		
Principal occupation / Job title (See Instructions) <u>CPA</u>		Employer (See Instructions) <u>Self-employed</u>
Date <u>2/24/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Amber Fuchs</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>
Contributor address; City; State; Zip Code <u>709 Trails End Cir Hurst TX 76054</u>		
Principal occupation / Job title (See Instructions) <u>owner</u>		Employer (See Instructions) <u>Farmer Insurance Agency</u>
Date <u>2/24/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lisa Goff</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>3000 Mahan Ct Grapevine TX 76051</u>		
Principal occupation / Job title (See Instructions) <u>homemaker</u>		Employer (See Instructions)
<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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/25/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nina Bellah</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>595 Shelly Ln Stephenville TX 76401</u>		
8 Principal occupation / Job title (See Instructions) <u>retired</u>		9 Employer (See Instructions) <u>/</u>
Date <u>2/25/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stefanie O'Connell</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Contributor address; City; State; Zip Code <u>Royal Crest mansfield TX 76063</u>		
Principal occupation / Job title (See Instructions) <u>teacher</u>		Employer (See Instructions) <u>Mansfield ISD</u>
Date <u>3/1/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TJ Ware</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Contributor address; City; State; Zip Code <u>4029 Hillcrest Ct E Keller TX 76244</u>		
Principal occupation / Job title (See Instructions) <u>owner</u>		Employer (See Instructions) <u>Paradise Claims</u>
Date <u>3/1/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roger Clay</u>	Amount of contribution (\$) <u>\$55.05</u>
Contributor address; City; State; Zip Code <u>604 Ave L Chillicothe TX 79225</u>		
Principal occupation / Job title (See Instructions) <u>self-employed</u>		Employer (See Instructions) <u>/</u>

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: 11
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tosya Kidd	7 Amount of contribution (\$) \$50 ⁰⁰
6 Contributor address; City; State; Zip Code 2533 Elk Hollow Ln Weatherford, TX 76085		
8 Principal occupation / Job title (See Instructions) realtor/self-employed		9 Employer (See Instructions) Lonestar Realty Group
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer LeBlanc	Amount of contribution (\$) \$50 ⁰⁰
Contributor address; City; State; Zip Code 5205 Black Hills Ct Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) realtor/self-employed		Employer (See Instructions) /
Date 3/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Lindsey	Amount of contribution (\$) \$ 50 ⁰⁰
Contributor address; City; State; Zip Code 4817 Glen Springs Trl Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) Senior Manager, Product Technology and Integration		Employer (See Instructions) Brinks Home Farmers Branch
Date 3/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Dills	Amount of contribution (\$) \$ 100 ⁰⁰
Contributor address; City; State; Zip Code 3600 Clipper Mill Rd, Ste 150 Baltimore MD 21211		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Michael Dills Enterprises, EPS

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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: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/8/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anne Booker</u>	7 Amount of contribution (\$) <u>\$25⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>5232 Bellis Dr Fort Worth TX 76244</u>		
8 Principal occupation / Job title (See Instructions) <u>homemaker</u>		9 Employer (See Instructions)
Date <u>3/8/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Christine Malloy</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>4916 Bob Wills Drive Fort Worth TX 76244</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
Date <u>3/21/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lauren Cloy</u>	Amount of contribution (\$) <u>\$21.10</u>
Contributor address; City; State; Zip Code <u>408 Roland Dr Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>RN</u>		Employer (See Instructions) <u>North Texas Plastic Surgery</u>
Date <u>3/21/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mona Ford</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>233 Austin Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)

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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: 1

2 FILER NAME

Joni Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/22

5 Full name of contributor

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

Jim Fitzgerald

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

2501 109th St

Grand Prairie TX 75050

8 Principal occupation / Job title (See Instructions)

Vice President

9 Employer (See Instructions)

Harrah Industries

Date

3/26/22

Full name of contributor

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

Heidi Ruotolo

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1917 Sterling Trace Dr Keller TX 76248

Principal occupation / Job title (See Instructions)

Executive Assistant

Employer (See Instructions)

City Quaker

Date

3/27/22

Full name of contributor

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

Mendi Cochrane

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

7805 Stansfield Dr Foranworth TX 76137

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Keller ISD

Date

3/27/22

Full name of contributor

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

Kathy May

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1846 Pearson Crossing Keller TX 76248

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

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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: <u>11</u>
2 FILER NAME <u>Joni Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/27/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Micah Young</u>	7 Amount of contribution (\$) <u>\$252.50</u>
6 Contributor address; City; State; Zip Code <u>1521 Spanish Bay Dr Keller TX 76248</u>		
8 Principal occupation / Job title (See Instructions) <u>self-employed realtor</u>		9 Employer (See Instructions) <u>/</u>
Date <u>3/27/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brittney Orren</u>	Amount of contribution (\$) <u>\$10⁰⁰</u>
Contributor address; City; State; Zip Code <u>1838 Pearson Crossing Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>Occupational Therapist</u>		Employer (See Instructions) <u>Baylor Irapenne</u>
Date <u>3/27/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenneth Lamour</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Contributor address; City; State; Zip Code <u>2128 Highland Park Cir FortWorth, TX 76107</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>/</u>
Date <u>3/27/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Deborah Johnson</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>1467 Grape Arbor Ct Keller TX 76262</u>		
Principal occupation / Job title (See Instructions) <u>Director</u>		Employer (See Instructions) <u>United Care USA</u>

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: 11

2 FILER NAME *Joni Shaw Smith* 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) *retired* 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>\$1000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>921 Gentle Wind Dr Keller TX 76248</i>	

Principal occupation / Job title (See Instructions) *homemaker* 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>\$2000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>707 WLO Lockett Rd Colleyville TX 76034</i>	

Principal occupation / Job title (See Instructions) *retired* 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>\$4000</i>
	Contributor address; City; State; Zip Code <i>4855 Ellen Springs Trl Fortworth TX 76137</i>	

Principal occupation / Job title (See Instructions) *Trauma Program Manager* Employer (See Instructions) *Baylor Scott & White Health*

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:

11

2 FILER NAME

Jane Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/22

5 Full name of contributor

Sarah Borg

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

7 Amount of contribution (\$)

\$10⁰⁰

6 Contributor address;

City;

State;

Zip Code

5109 Elen Canyon Fortworth TX 76137

8 Principal occupation / Job title (See Instructions)

FASTER Way to Fat Loss Coach

9 Employer (See Instructions)

Self employed

Date

3/28/22

Full name of contributor

Holly Wise

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

Amount of contribution (\$)

~~100~~ \$200⁰⁰

Contributor address;

City;

State;

Zip Code

8321 Fern Lake Dr Fortworth TX 76137

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

Date

3/28/22

Full name of contributor

Linda Metcalf

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

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City;

State;

Zip Code

1601 Brentwood Trl Keller TX 76248

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

3/28/22

Full name of contributor

Danielle Shivers

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

Amount of contribution (\$)

\$20⁰⁰

Contributor address;

City;

State;

Zip Code

5837 Blackmon Ct Fort Worth TX 76137

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

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: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Korey Wilkerson</i>	7 Amount of contribution (\$) <i>\$2000</i>
	6 Contributor address; City; State; Zip Code <i>5258 Cameron Creek Place #154 Fort Worth, TX 76132</i>	
8 Principal occupation / Job title (See Instructions) <i>Sales consultant</i>		9 Employer (See Instructions) <i>AT&T</i>
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Bouchebel</i>	Amount of contribution (\$) <i>\$2500</i>
	Contributor address; City; State; Zip Code <i>1600 Greenhill Ct Keller TX 76248</i>	
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>Bouchebel Consultants, LLC</i>
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lacy Nichols</i>	Amount of contribution (\$) <i>\$2110</i>
	Contributor address; City; State; Zip Code <i>155 Mill Crossing Ln Springtown TX 76082</i>	
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions) /
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobby Nichols</i>	Amount of contribution (\$) <i>\$2110</i>
	Contributor address; City; State; Zip Code <i>155 Mill Crossing Ln Springtown TX 76082</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <u>11</u>
2 FILER NAME <u>Jonu Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/29/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Kelley Swallow</u>	7 Amount of contribution (\$) <u>\$ 20.00</u>
6 Contributor address; City; State; Zip Code <u>4501 Hillcrest Cir #37 Fort Worth TX 76116</u>		
8 Principal occupation / Job title (See Instructions) <u>fitness instructor/trainer</u>		9 Employer (See Instructions) <u>self-employed</u>
Date <u>3/29/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Christina Castillo</u>	Amount of contribution (\$) <u>\$ 21.10</u>
Contributor address; City; State; Zip Code <u>6150 Dalemont Trl #301 Fort Worth TX 76132</u>		
Principal occupation / Job title (See Instructions) <u>self-employed/actress</u>		Employer (See Instructions)
Date <u>3/29/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Rootech LLC</u>	Amount of contribution (\$) <u>\$10.80</u>
Contributor address; City; State; Zip Code <u>3604 Cripple Creek Trl Roanoke TX 76262</u>		
Principal occupation / Job title (See Instructions) <u>self-employed</u>		Employer (See Instructions)
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Doug and Bettie Taylor</u>	Amount of contribution (\$) <u>\$ 75.00</u>
Contributor address; City; State; Zip Code <u>4024 Vernon Way Fort Worth TX 76244</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
<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>		

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: <u>11</u>
2 FILER NAME <u>Jon Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/30/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cassey Hopmann</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>533 Sorenson Trl Keller TX 76248</u>		
8 Principal occupation / Job title (See Instructions) <u>self-employed</u>		9 Employer (See Instructions) <u>KC Creative</u>
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Holly Coker</u>	Amount of contribution (\$) <u>\$103.⁴⁹</u>
Contributor address; City; State; Zip Code <u>1323 Blair Ridge Dr Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>homemaker</u>		Employer (See Instructions) <u>/</u>
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cathcart Institute, LLC - Jim Cathcart</u>	Amount of contribution (\$) <u>\$21.¹⁰</u>
Contributor address; City; State; Zip Code <u>11712 Red Oak Valley Ln Austin TX 78732</u>		
Principal occupation / Job title (See Instructions) <u>Lecturer, author, self-employed</u>		Employer (See Instructions) <u>Cathcart Institute, LLC</u>
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Keith Pearson</u>	Amount of contribution (\$) <u>\$300⁰⁰</u>
Contributor address; City; State; Zip Code <u>11620 Village Trail Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>/</u>

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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: 11
2 FILER NAME <i>Soni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristyn Raughter</i>	7 Amount of contribution (\$) <i>\$57.99</i>
	6 Contributor address; City; State; Zip Code <i>5425 Yellowstone Trl Fort Worth TX 76137</i>	
8 Principal occupation / Job title (See Instructions) <i>Teacher</i>		9 Employer (See Instructions) <i>Alliance Christian Academy</i>
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peggy George</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code <i>P.O. Box 845 Pahoa HI 96778</i>	
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>Wild Puna Farms</i>
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Zahriou</i>	Amount of contribution (\$) <i>\$45.00</i>
	Contributor address; City; State; Zip Code <i>9732 Sambas Trail Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions) <i>Senior Business Analyst</i>		Employer (See Instructions) <i>Charles Schwab</i>
Date <i>4/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anita Moore</i>	Amount of contribution (\$) <i>\$20.00</i>
	Contributor address; City; State; Zip Code <i>Keller TX 76248</i>	
Principal occupation / Job title (See Instructions) <i>stay at home</i>		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shannon Wood</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
8 Principal occupation / Job title (See Instructions) <i>Exec Biological Sales Specialist</i>		9 Employer (See Instructions) <i>Astra Zeneca</i>
Date <i>4/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith Pearson</i>	Amount of contribution (\$) <i>\$2000⁰⁰</i>
Contributor address; City; State; Zip Code <i>11620 Village Trail Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>/</i>
Date <i>4/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John C Conrad</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>4/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Reichardt</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>8324 Trace Ridge Pkwy Fort Worth TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Banning</i>	7 Amount of contribution (\$) <i>10⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>11501 Maddie Ave Fort Worth TX 76244</i>	
8 Principal occupation / Job title (See Instructions) <i>Self-employed</i>		9 Employer (See Instructions) <i>—</i>
Date <i>4/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sabrina Menck</i>	Amount of contribution (\$) <i>50⁰⁰</i>
	Contributor address; City; State; Zip Code <i>1317 Blue Ridgerd Keller TX 76240</i>	
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>—</i>
Date <i>4/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rich Stoller</i>	Amount of contribution (\$) <i>10⁰⁰</i>
	Contributor address; City; State; Zip Code <i>Keller TX 76240</i>	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>4/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jalitta Cooley</i>	Amount of contribution (\$) <i>\$ 50⁰⁰</i>
	Contributor address; City; State; Zip Code <i>4425 Southpointe Dr Richardson TX 75028</i>	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)

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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: 11
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Emzen 6 Contributor address; City; State; Zip Code 2037 Coventry Ct Keller TX 76262	7 Amount of contribution (\$) 50 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Hill Contributor address; City; State; Zip Code 216 Bear Hollow Keller TX 76248	Amount of contribution (\$) 20 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Peace Contributor address; City; State; Zip Code Keller TX 76248	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions) Stay at Home		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrienne Tobin Contributor address; City; State; Zip Code 1821 Barrington Dr Keller TX 76262	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions) Stay at Home		Employer (See Instructions)

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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: 11
2 FILER NAME Doni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Robertson	7 Amount of contribution (\$) 20⁰⁰
6 Contributor address; City; State; Zip Code Keller TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Gerard	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 1952 Winter Dr Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Cummings	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 1604 Pleasant Run Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Cole	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 2020 Buntry Drive Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Melancon</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>Fort Worth TX</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>4/10/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carey Page</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>Keller TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shannon Walker</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>553 Unbridled Ln, Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>_____</i>
Date <i>4/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tricia McWhorter</i>	Amount of contribution (\$) <i>25⁰⁰</i>
Contributor address; City; State; Zip Code <i>Fort Worth TX</i>		
Principal occupation / Job title (See Instructions) <i>Stay at home</i>		Employer (See Instructions)

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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: 11
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan DeWinter	7 Amount of contribution (\$) 100⁰⁰
	6 Contributor address; City; State; Zip Code Keller TX 76248	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Whitacre	Amount of contribution (\$) 50⁰⁰
	Contributor address; City; State; Zip Code 1707 Forest Bend Ln Keller TX 76248	
Principal occupation / Job title (See Instructions) Stay-at-home-mom		Employer (See Instructions) _____
Date 4/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Pierce	Amount of contribution (\$) 1000⁰⁰
	Contributor address; City; State; Zip Code FORT WORTH TX 76244	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) _____
Date 4/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Gaines	Amount of contribution (\$) 25⁰⁰
	Contributor address; City; State; Zip Code 9816 Ravenswood Rd Granbury TX 76049	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) _____

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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: 11
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Pierce	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doris Lebreaux	Amount of contribution (\$) \$10⁰⁰
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donna Cobb	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code 707 W. W Lockett Rd Colleyville TX 76034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keith Pearson	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 1620 Village Trl Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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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: 11
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milina Stoddard	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 5541 Murton Pl Fort Worth TX 76137		
8 Principal occupation / Job title (See Instructions) stay at home mom		9 Employer (See Instructions)
Date 4/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erik Leist	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Chandler Rd Keller TX 76248		
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
Date 4/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Wynn	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9324 Shields St Fort Worth TX 76244		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Lyons	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) crossing guard		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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)			

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If contributor 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: <u>1</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/25/22</u>	5 Payee name <u>Star Sports Keller</u>	
6 Amount (\$) <u>\$ 547.74</u>	7 Payee address; <u>901 Keller Pkwy Unit H</u>	City: <u>Keller</u> State: <u>TX</u> Zip Code: <u>76248</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>other / advertising expense</u>	(b) Description <u>+-shirts</u>
	(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	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <u>3/28/22</u>	Payee name <u>ms marketing</u>	
Amount (\$) <u>\$ 294.44</u>	Payee address; <u>310 N Main St Unit E</u>	City: <u>Keller</u> State: <u>TX</u> Zip Code: <u>76248</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>door hangers & printing</u> <u>post cards</u>
	<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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date <u>4/22/22</u>	Payee name <u>ms marketing</u>	
Amount (\$) <u>\$ 324.75</u>	Payee address; <u>310 N main St Unit E</u>	City: <u>Keller</u> State: <u>TX</u> Zip Code: <u>76248</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <u>printing - 2000 postcards</u>
	<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 <input type="checkbox"/> Office held <input type="checkbox"/>

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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: 1	2 FILER NAME Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/22	5 Payee name Axium Strategies	
6 Amount (\$) \$8,440 ⁰⁰	7 Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense/printing	(b) Description Direct mail (11,838 pcs)
	(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 Joni Shaw Smith	Office sought / Office held Keller ISO Board of Trustees P1 2
Date 4/20/22	Payee name Pay Pal	
Amount (\$) \$416.51	Payee address; City; State; Zip Code PayPal.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description banking fees - paypal
	<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 Joni Shaw Smith	Office sought / Office held Keller ISO Board of Trustees P1 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 | 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: <u>1</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>1/26/22</u>	6 Payee name <u>Go Daddy.com</u>	
7 Amount (\$) <u>\$89.42</u>	8 Payee address; City; State; Zip Code	
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) <u>advertising expense</u>	(b) Description <u>website</u>
	(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 <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>
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

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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.

1 Total pages Schedule F4: <u>1</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>3/7/22</u>	6 Payee name <u>ms marketing</u>	
7 Amount (\$) <u>\$644.63</u>	8 Payee address; City; State; Zip Code <u>310 N main St Unit E Keller TX 76248</u>	
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) <u>printing expense</u>	(b) Description <u>door hangers & printing push cards</u>
	(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 <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee Pl 2</u>
12 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Joni 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.

1 Total pages Schedule G <i>1</i>	2 FILER NAME <i>Joni Shaw Smith</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/22</i>	5 Payee name <i>Edgerton Strategies, LLC</i>	
6 Amount (\$) <i>\$1,157.74</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1540 Keller Parkway #108-402 Keller TX 76248</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>(20) 4x4 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Joni Shaw Smith</i>	Office sought <i>Keller ISD Board of Trustee P12</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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