

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: **21**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **(M)**

FIRST

Joni

MI

S

NICKNAME

LAST

Smith

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4801 Glen Springs Trl Fort Worth TX 76137

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

800-9002

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **(M)**

FIRST

Jeffrey

MI

D

NICKNAME

LAST

Jeff

Smith

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4801 Glen Springs Trl, Fort Worth, TX 76137

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

996-2293

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

1 / 19 / 22

THROUGH

Month Day Year

5 / 31 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

5 / 7 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustees, Place 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.

COMMITTEE TYPE

COMMITTEE NAME

Keller ISD Family Alliance

GENERAL

COMMITTEE ADDRESS

P.O. Box 80382, Keller, TX 76244

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Douglas Stamps

COMMITTEE CAMPAIGN TREASURER ADDRESS

512 Spicewood Ct, Keller, TX 76248

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joni Shaw Smith 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>25,248.07</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>17,786.69</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 August 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 31 day of May, 20 22.
(month) (year)

Joni Shaw Smith
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Joni Shaw Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,384.32
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8863.75
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	\$ 16076.90
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	\$ 1139.99
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 570.00
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: 12

2 FILER NAME Joni Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date
2/16/22

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
4133 Drexmore Rd Fortworth TX 76244

8 Principal occupation / Job title (See Instructions)
manager

9 Employer (See Instructions)
BNSF Railway

Date
2/17/22

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
570 Sleepy Hollow Ln Weatherford TX 76085

Principal occupation / Job title (See Instructions)
bookkeeper

Employer (See Instructions)
Angelo's BBQ

Date
2/17/22

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
601 Mustang Dr Seginaw TX 76179

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date
2/22/22

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4809 Glen Springs Trl Fort Worth TX 76137

Principal occupation / Job title (See Instructions)
Sr. Systems Analyst

Employer (See Instructions)
NTTDATA

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: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Smith	7 Amount of contribution (\$) \$1000⁰⁰
6 Contributor address; City; State; Zip Code 4328 Woodlake Dr Fort Worth TX 76135		
8 Principal occupation / Job title (See Instructions) Engineering Technician		9 Employer (See Instructions) FRA
Date 2/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MISSY Tyler	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 1211 Whispering Oaks Dr Keller TX		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-employed
Date 2/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amber Fuchs	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code 709 Trails End Cir Hurst TX 76054		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Farmer Insurance Agency
Date 2/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lisa Goff	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 3000 Mehan Ct Grapevine TX 76051		
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: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nina Bellah	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 595 Shelly Ln Stephenville TX 76401		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) /
Date 2/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stefanie O'Connell	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Royal Crest mansfield TX 76063		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Mansfield ISD
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJ Ware	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 4029 Hillcrest Ct E Keller TX 76244		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Paradise Claims
Date 3/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Clay	Amount of contribution (\$) \$55.05
Contributor address; City; State; Zip Code 604 Avel Chillicothe TX 79225		
Principal occupation / Job title (See Instructions) self-employed		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: 1
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 (\$) \$50⁰⁰
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 (\$) \$50⁰⁰
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 (\$) \$ 50⁰⁰
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 (\$) \$ 100⁰⁰
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: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Booker	7 Amount of contribution (\$) \$25⁰⁰
6 Contributor address; City; State; Zip Code 5232 Bellis Dr Fort Worth TX 76244		
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) /
Date 3/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Malloy	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 4916 Bob Wills Drive Fort Worth TX 76244		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) /
Date 3/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Cloy	Amount of contribution (\$) \$21.10
Contributor address; City; State; Zip Code 408 Roland Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) North Texas Plastic Surgery
Date 3/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mona Ford	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 233 Austin Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		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: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/22	5 Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi Ruotolo	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1917 Serling 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendi Cochrane	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 7805 Stansfield Dr FORTWORTH TX 76137		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Keller ISD
Date 3/27/22	Full name of contributor <input type="checkbox"/> 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: 12
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>Micah Young</i>	7 Amount of contribution (\$) <i>\$252.50</i>
6 Contributor address; City; State; Zip Code <i>1521 Spanish Bay Dr Keller TX 76248</i>		
8 Principal occupation / Job title (See Instructions) <i>Self-employed realtor</i>		9 Employer (See Instructions) /
Date <i>3/27/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brittney Orren</i>	Amount of contribution (\$) <i>\$10⁰⁰</i>
Contributor address; City; State; Zip Code <i>1838 Pearson Crossing Keller TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>Occupational Therapist</i>		Employer (See Instructions) < <i>Baylor Kirapenne</i>
Date <i>3/27/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Lamour</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
Contributor address; City; State; Zip Code <i>2128 Highland Park Cir FortWorth, TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) /
Date <i>3/27/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Johnson</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1467 Grape Arbor Ct Keller TX 76262</i>		
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>United Care USA</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Taylor	7 Amount of contribution (\$) \$2000
6 Contributor address; City; State; Zip Code 4024 Vernon Way Fortworth TX 76244		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 3/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Dunn	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 921 Gentle Wind Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
Date 3/28/22	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 WLD Lockett Rd Colleyville TX 76034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica Davidson	Amount of contribution (\$) \$4000
Contributor address; City; State; Zip Code 4055 Elen Springs Trl Fort Worth TX 76137		
Principal occupation / Job title (See Instructions) Trauma Program Manager		Employer (See Instructions) Baylor Scott & White Health

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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>12</u>
2 FILER NAME <u>Jane Shaw Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/28/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sarah Borg</u>	7 Amount of contribution (\$) <u>\$1000</u>
	6 Contributor address; City; State; Zip Code <u>5109 Elen Canyon Fortworth TX 76137</u>	
8 Principal occupation / Job title (See Instructions) <u>FASTER Way to Fat Loss Coach</u>		9 Employer (See Instructions) <u>Self employed</u>
Date <u>3/28/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Holly Wise</u>	Amount of contribution (\$) 200 <u>\$200⁰⁰</u>
	Contributor address; City; State; Zip Code <u>8321 Fern Lake Dr Fortworth TX 76137</u>	
Principal occupation / Job title (See Instructions) <u>homemaker</u>		Employer (See Instructions)
Date <u>3/28/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linda Metcalf</u>	Amount of contribution (\$) <u>\$5000</u>
	Contributor address; City; State; Zip Code <u>1601 Brentwood Trl Keller TX 76248</u>	
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
Date <u>3/28/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Danielle Shivers</u>	Amount of contribution (\$) <u>\$2000</u>
	Contributor address; City; State; Zip Code <u>5837 Blackmon Ct Fortworth TX 76137</u>	
Principal occupation / Job title (See Instructions) <u>homemaker</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: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korey Wilkerson	7 Amount of contribution (\$) \$2000
6 Contributor address; City; State; Zip Code 5258 Cameron Creek Place #154 For Worth, TX 76132		
8 Principal occupation / Job title (See Instructions) Sales consultant		9 Employer (See Instructions) AT&T
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Bouchebel	Amount of contribution (\$) \$2500
Contributor address; City; State; Zip Code 1600 Greenhill Ct Keller TX 76248		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Bouchebel Consultants, LLC
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy Nichols	Amount of contribution (\$) \$2110
Contributor address; City; State; Zip Code 155 Mill Crossing Ln Springtown TX 76082		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) /
Date 3/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Nichols	Amount of contribution (\$) \$2110
Contributor address; City; State; Zip Code 155 Mill Crossing Ln Springtown TX 76082		
Principal occupation / Job title (See Instructions)		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:

12

2 FILER NAME

Jonu Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/22

5 Full name of contributor

Kelley Swallow

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

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address;

City;

State;

Zip Code

4501 Hillcrest Cir #37 Fort Worth TX 76116

8 Principal occupation / Job title (See Instructions)

fitness instructor/trainer

9 Employer (See Instructions)

self-employed

Date

3/29/22

Full name of contributor

Christina Castillo

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

Amount of contribution (\$)

\$ 21.10

Contributor address;

City;

State;

Zip Code

6150 Dakmont Trl #301 Fort Worth TX 76132

Principal occupation / Job title (See Instructions)

self-employed/actress

Employer (See Instructions)

Date

3/29/22

Full name of contributor

Roqtech LLC

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

Amount of contribution (\$)

\$ 10.80

Contributor address;

City;

State;

Zip Code

3604 Cripple Creek Trl Roanoke TX 76262

Principal occupation / Job title (See Instructions)

self-employed

Employer (See Instructions)

Date

3/30/22

Full name of contributor

Doug and Bettie Taylor

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

Amount of contribution (\$)

\$ 75.00

Contributor address;

City;

State;

Zip Code

4024 Vernon Way Fort Worth TX 76244

Principal occupation / Job title (See Instructions)

retired

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: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassey Hopmann	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 533 Sorenson Trl Keller TX 76248		
8 Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) KC creative
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly Coker	Amount of contribution (\$) \$103.48
Contributor address; City; State; Zip Code 1323 Blair Ridge Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) /
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathcart Institute, LLC - Jim Cathcart	Amount of contribution (\$) \$21.10
Contributor address; City; State; Zip Code 11712 Red Oak Valley Ln Austin TX 78732		
Principal occupation / Job title (See Instructions) Lecturer, author, self-employed		Employer (See Instructions) Cathcart Institute, LLC
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Pearson	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 1620 Village Trail Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) /

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 12
2 FILER NAME <i>Joni 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 Zafriou</i>	Amount of contribution (\$) <i>\$45.00</i>
Contributor address; City; State; Zip Code <i>9732 Sam Bass 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)

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: 12
2 FILER NAME Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Wood	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code Keller TX 76248		
8 Principal occupation / Job title (See Instructions) Exec Biological Sales Specialist		9 Employer (See Instructions) Astra Zeneca
Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Pearson	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code 1620 Village Trail Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) /
Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John C Conrad	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Reichardt	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 8321 Trace Ridge Pkwy Fort Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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:
12

2 FILER NAME

Jon Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/22

5 Full name of contributor

Jennifer Banning

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

7 Amount of contribution (\$)

10⁰⁰

6 Contributor address;

City;

State;

Zip Code

11501 Maddie Ave Fort Worth TX 76244

8 Principal occupation / Job title (See Instructions)

Self-employed

9 Employer (See Instructions)

Date

4/6/22

Full name of contributor

Sabrina Menck

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

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

1317 Blue Ridgerd Keller TX 76248

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

Date

4/6/22

Full name of contributor

Rich Stoiler

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

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

Keller TX 76248

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/6/22

Full name of contributor

Jaletta Cooley

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

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address;

City;

State;

Zip Code

4425 Southpointe Dr Richardson TX 75028

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 12
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#: _____) Reck Enzen	7 Amount of contribution (\$) 50 ⁰⁰
6 Contributor address; City; State; Zip Code 2037 Coventry Ct Keller TX 76262		
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	Amount of contribution (\$) 20 ⁰⁰
Contributor address; City; State; Zip Code 216 Bear Hollow 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#: _____) Kristen Peace	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code Keller TX 76248		
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	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 1821 Barrington Dr Keller TX 76262		
Principal occupation / Job title (See Instructions) Stay at Home		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 12
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#: _____) 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 Banting Drive Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: **12**

2 FILER NAME

Joni Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/22

5 Full name of contributor

Deborah Melancon

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

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City;

State;

Zip Code

Fort Worth TX

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/10/22

Full name of contributor

Carey Page

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

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

Keller TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/22

Full name of contributor

Shannon Walker

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

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

553 Unbridled Ln, Keller TX 76248

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

Date

4/14/22

Full name of contributor

Tricia McWhorter

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

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

Fort Worth TX

Principal occupation / Job title (See Instructions)

Stay at home

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 12
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 4/16/22	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 Branbury TX 76049		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 12
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#: _____) Donis 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. LO 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)

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: 12
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)

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: 12
2 FILER NAME <i>Joni Shaw Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/29/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Liza Sharkey</i>	7 Amount of contribution (\$) <i>\$200⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>521 Bennington Ln Keller TX 76248</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Umiriam Turner</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
	Contributor address; City; State; Zip Code <i>Keller TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dennis Chamberlain</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kent D'Beig</i>	Amount of contribution (\$) <i>\$25⁰⁰</i>
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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:
12

2 FILER NAME

Joni Shaw Smith

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/22

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

Ratie McMullen

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

P.O. Box 770 Keller TX 76244

8 Principal occupation / Job title (See Instructions)

Stay at home mom

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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>\$ 8,863.75</u>	
5 Date <u>2/25/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lori 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 <u>5/19/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KISD Family Alliance</u>	Amount of Contribution \$ <u>\$5000.00</u>	In-kind contribution description <u>mailers</u>
Contributor address; City; State; Zip Code <u>P.O. Box 80382 Keller TX 76244</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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>2</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 TX</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>t-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 <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustees PI 2</u> Office held
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 TX</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 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 <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustees PI 2</u> Office held
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 TX</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 - 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 <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustees, PI 2</u> Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Joni Shaw Smith	
4 Date	5 Payee name	
4/10/22	Axiom Strategies	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$8,440 ⁰⁰	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)	(b) Description
	advertising expense/printing	Direct mail
	<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 Office held
	Joni Shaw Smith	Keller ISD Board of Trustees PI 2
Date	Payee name	
4/28/22	Pay Pal	
Amount (\$)	Payee address;	City; State; Zip Code
\$416.51	PayPal.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	fees	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	Joni Shaw Smith	Keller ISD Board of Trustees PI 2
Date	Payee name	
5/4/22	Pay Pal	
Amount (\$)	Payee address;	City; State; Zip Code
\$20.52	PayPal.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	fees	banking fees
	<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
	Joni Shaw Smith	Keller ISD Board of Trustees PI 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>2</u>	2 FILER NAME <u>Joni Shaw Smith</u>	3 Filer ID (Ethics Commission Filers)	
4 Date <u>5/6/22</u>	5 Payee name <u>Carol Young</u>		
6 Amount (\$) <u>\$1100⁰⁰</u>	7 Payee address; <u>1521 Spanish Bay Drive</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>Food/Beverage Expense</u>	(b) Description <u>Volunteer/Watch Party election night - fajitas, etc.</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 <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee, P12</u>	Office held
Date <u>3/8/22</u>	Payee name <u>Edgerton Strategies, LLC</u>		
Amount (\$) <u>\$1,157⁷⁴</u>	Payee address; <u>1540 Keller Parkway #108-402</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/printing expense</u>	Description <u>4x4 foot campaign signs</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 <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee, P12</u>	Office held
Date <u>5/6/22</u>	Payee name <u>Edgerton Strategies, LLC</u>		
Amount (\$) <u>900⁰⁰</u>	Payee address; <u>1540 Keller Parkway #108-402</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>digital media</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 <u>Joni Shaw Smith</u>	Office sought <u>Keller ISD Board of Trustee, P12</u>	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 5/16/22	5 Payee name Axiom Strategies
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6 Amount (\$) \$2295⁰⁰	7 Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City MO 64112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising/printing	(b) Description mailers/direct mail
	(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 Keller ISD Board of Trustee, P12	Office held
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Date 5/31/22	Payee name Axiom Strategies
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Amount (\$) \$575⁰⁰	Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City MO 64112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising/printing	Description direct mail
	<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 Keller ISD Board of Trustee, P12	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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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: 1	2 FILER NAME Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 1/26/22	6 Payee name Go Paddy.com
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7 Amount (\$) \$89.42	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description website
	(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 Joni Shaw Smith	Office sought Keller ISD Board of Trustee Pl 2	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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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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>3/17/22</u>	6 Payee name <u>ms marketing</u>	
7 Amount (\$) <u>\$644.63</u>	8 Payee address; <u>310 N main St Unit E</u>	City; State; Zip Code <u>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 Date <u>3/14/22</u>	13 Payee name <u>ms marketing</u>	
14 Amount (\$) <u>\$405.94</u>	15 Payee address; <u>310 N main St Unit E</u>	City; State; Zip Code <u>Keller TX 76248</u>
16 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
17 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>printing expense</u>	(b) Description <u>door hangers post cards printing signs.</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
18 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>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	5 Payee name <i>Axiom Strategies</i>	
6 Amount (\$) <i>\$590.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>800 W 47th St Ste 200 Kansas City MO 64112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising/printing</i>	(b) Description <i>direct mail</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Joni Shaw Smith</i>	Office sought / Office held <i>Keller ISD Board of Trustees, P12</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Joni Shaw Smith

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Joni Shaw Smith
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

6 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Joni Shaw Smith
Signature of Officeholder