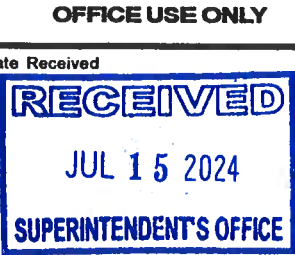


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Anna	MI N
	NICKNAME	LAST Smith	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2300 Twisted Willow Lane		APT / SUITE #; CITY; STATE; ZIP CODE Leander TX 78641
	<input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 964 - 3968	EXTENSION
	Date Hand-delivered or Date Postmarked Hand-delivered 7-15-24		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Christina	MI
	NICKNAME	LAST LeBrand	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2100 Heather Pine Cedar Park TX 78613		
	AREA CODE (512)	PHONE NUMBER 964 6540	EXTENSION
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 2024		THROUGH Month Day Year 07 / 01 / 2024
11 ELECTION	ELECTION DATE Month Day Year 11 / / 24		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) Leander ISD School Board, Place 4	13 OFFICE SOUGHT (if known) Leander ISD, Place 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	



GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Ama 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	\$ 3136.94
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

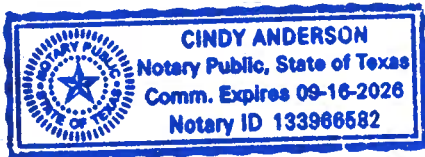
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 307 3136.94
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3136.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 284.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 284.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3874.2
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cindy Anderson this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Cindy Anderson Cindy Anderson Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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:
3

2 FILER NAME Ama Smith 3 Filer ID (Ethics Commission Filers)

4 Date <u>6/30/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Celeste Fahnert</u>	7 Amount of contribution (\$) <u>\$105.58</u>
6 Contributor address; City; State; Zip Code <u>Wanda, TX 78041</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>6/30/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anne Duffy</u>	Amount of contribution (\$) <u>\$52.95</u>
Contributor address; City; State; Zip Code <u>Cedar Park TX 78613</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>6/30/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Laura Marques</u>	Amount of contribution (\$) <u>\$52.15</u>
Contributor address; City; State; Zip Code <u>Wanda, TX 78041</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>6/30/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dawn Koenigskecht</u>	Amount of contribution (\$) <u>\$263.47</u>
Contributor address; City; State; Zip Code <u>Evansville, IL 60011</u>		

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: <u>5</u>
2 FILER NAME <u>Anna Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/15/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Celeste Fahnert</u>	7 Amount of contribution (\$) <u>105.58</u>
6 Contributor address: City: <u>Leander TX</u> State: _____ Zip Code: <u>78641</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/7/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sara Mariani</u>	Amount of contribution (\$) <u>\$ 158.21</u>
Contributor address: City: _____ State: _____ Zip Code: <u>Leander, TX 78641</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/23/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Celeste Fahnert</u>	Amount of contribution (\$) <u>263.97</u>
Contributor address: City: _____ State: _____ Zip Code: <u>Leander TX 78641</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/23/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Andrew Hoekzema</u>	Amount of contribution (\$) <u>\$ 210.84</u>
Contributor address: City: _____ State: _____ Zip Code: <u>Cedar Park TX 78613</u>		
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: 5
2 FILER NAME Ama Smith		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Post	7 Amount of contribution (\$) 105.58
6 Contributor address; City; State; Zip Code Leander, TX 78041		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bucy Campaign	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code Austin, TX 78767		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Camigan	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code Houston TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

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: 5
2 FILER NAME Ama Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Mariani Abbas	7 Amount of contribution (\$) 105.58
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Hansanwat	Amount of contribution (\$) 105.58
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georganne Duron	Amount of contribution (\$) 31.89
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keri Gerber	Amount of contribution (\$) \$ 263.47
Contributor address; City; State; Zip Code Austin, TX 78750		
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: 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isabel Franco	7 Amount of contribution (\$) \$5295
6 Contributor address; City; State; Zip Code beard, TX 78041		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date 5/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunni Fox	Amount of contribution (\$) 105.58 105.58
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date 5/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanuja Alwar	Amount of contribution (\$) \$126.63
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date 6/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eilona Gonzales D'Inokkia	Amount of contribution (\$) \$526.63
Contributor address; City; State; Zip Code Austin 78730		
Principal occup	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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Anne Smith	3 Filer ID (Ethics Commission Filers)
--	-----------------------------------	---------------------------------------

4 Date 6/30/24	5 Payee name Donate Way
--------------------------	-----------------------------------

6 Amount (\$) \$144.74	7 Payee address; P.O. Box 301267	City; Austin, TX	State; TX	Zip Code 78703
----------------------------------	--	----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 6/30/24 6/30/24	Payee name WIX
---	--------------------------

Amount (\$) 139.84	Payee address; 500 Terry A Francis Blvd	City; San Francisco, CA	State;	Zip Code
------------------------------	---	-----------------------------------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Website Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

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