

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <div style="text-align: center; font-size: 2em;">6</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <div style="text-align: center; font-size: 1.5em;">JOHN S</div> | OFFICE USE ONLY | |
| NICKNAME LAST SUFFIX | <div style="text-align: center; font-size: 1.5em;">SMELLEY</div> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">12922 QUEENSBURY LN HOUSTON, TEXAS 77079</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(832) 628-1992</div> | Date Received | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <div style="text-align: center; font-size: 1.5em;">CHARLES</div> | Date Hand-delivered or Date Postmarked | |
| NICKNAME LAST SUFFIX | <div style="text-align: center; font-size: 1.5em;">GRINDON</div> | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">10818 LABSO HOUSTON, TEXAS 77079</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(713) 398-0357</div> | | |
| 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 Month Day Year <div style="text-align: center; font-size: 1.5em;">4 / 13 / 2025 THROUGH 4 / 25 / 2025</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.5em;">5 / 3 / 2025</div> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: center; font-size: 1.2em;">BOARD OF TRUSTEES</div> | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.5em;">POSITION 6</div> | |
| 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

JOHN STEVEN SMELLEY

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)

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1750.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 507.42

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1242.58

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

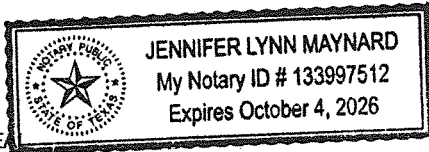
18 SIGNATURE

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.

John Steven Smelley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by John Steven Smelley this the 05 day of April, 2005, to certify which, witness my hand and seal of office.

J Maynard

Jennifer Maynard

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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JOHN STEVEN SMALLEY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|------------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1750. ⁰⁰ |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1570. ⁰⁰ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 507.42 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 507.42 |
| 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 | \$ |

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME JOHN STEVEN SMOLLEY | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/4/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE MAERZ | 7 Amount of contribution (\$) 50.00 |
| 6 Contributor address; City; State; Zip Code 12218 JOHNS ENTERPRISE CT. CYPRESS TEXAS 77433 | | |
| 8 Principal occupation / Job title (See Instructions) RETIRED | | 9 Employer (See Instructions) RETIRED |

| | | |
|--|--|--|
| Date 4/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES GRINDON | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 10818 LASSO HOUSTON, TX. 77079 | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |

| | | |
|---|---|--|
| Date 4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM STOKES | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 11711 COBBLESTONE DR. HOUSTON TEXAS 77024 | | |
| Principal occupation / Job title (See Instructions) SR. MANAGER | | Employer (See Instructions) SHELL OIL COMPANY |

| | | |
|--|--|---|
| Date 4/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK ROCHE | Amount of contribution (\$) 200.00 |
| Contributor address; City; State; Zip Code 2902 MORRISON, HOUSTON, TX 77079 | | |
| Principal occupation / Job title (See Instructions) SPANKY'S PIZZA MANAGER | | Employer (See Instructions) SPANKY'S PIZZA |

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: <i>1</i> | |
| 2 FILER NAME <i>JOHN STEVEN SMELLEY</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>\$ 1510.00</i> | |
| 5 Date <i>4/11/25</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE SIWIERKA</i> | 8 Amount of Contribution \$ <i>\$ 1510.00</i> | 9 In-kind contribution description <i>YARD SIGNS</i> |
| 7 Contributor address; City; State; Zip Code <i>5711 SILVER BAY CT. Sugarland TX 77479</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>ATTORNEY AT LAW</i> | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>MICHAEL J. SIWIERKA, ATTY.</i> | |
| 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#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| | | <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) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 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 JOHN STEVEN SMELLEY | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/22/2025 | 5 Payee name CAMPAIGN PARTNERS | |
| 6 Amount (\$) \$507.42 | 7 Payee address; City; State; Zip Code P.O. Box 655 BELLAIRE, TEXAS 77402 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE PRESS PRINTING EXPENSE | (b) Description ADVERTISING, PRINTING OF PUSH CARDS, GRAPHICS |
| | (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 | | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | Office sought | Office held |
| 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 | | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | Office sought | Office held |
| 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 | | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | Office sought | Office held |
| 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 | | |

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