

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 <u>MR</u> FIRST <u>JOHN</u> MI <u>S</u> NICKNAME <u>STEVE</u> LAST <u>SMELLEY</u> SUFFIX	OFFICE USE ONLY									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>12927 QUEENSBURY HOUSTON, TEXAS 77079</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(832) 628-1992</u>		Date Received								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>CHARLES</u> MI NICKNAME LAST <u>GRINDON</u> SUFFIX	Date Hand-delivered or Date Postmarked	Receipt # Amount \$								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <u>10818 LASSO LN. HOUSTON, TEXAS 77079</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 398-0357</u>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td style="width:25%; text-align: center;">January 15</td> <td style="width:25%; text-align: center;">30th day before election</td> <td style="width:25%; text-align: center;">Runoff</td> <td style="width:25%; text-align: center;">15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="text-align: center;">July 15</td> <td style="text-align: center;"><u>8th day before election</u></td> <td style="text-align: center;">Exceeded Modified Reporting Limit</td> <td style="text-align: center;">Final Report (Attach C/OH - FR)</td> </tr> </table>			January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	July 15	<u>8th day before election</u>	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="width:25%; text-align: center;">Month Day Year</td> <td style="width:25%; text-align: center;">THROUGH</td> <td style="width:25%; text-align: center;">Month Day Year</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;"><u>2 / 13 / 2026</u></td> <td style="text-align: center;"></td> <td style="text-align: center;"><u>4 / 23 / 2029</u></td> <td></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year		<u>2 / 13 / 2026</u>		<u>4 / 23 / 2029</u>	
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<u>2 / 13 / 2026</u>		<u>4 / 23 / 2029</u>									
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 2 / 2026</u>	ELECTION TYPE Primary Runoff Other Description <u>General</u> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>SBISD Pos 1</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p><small>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.</small></p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; text-align: center;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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	COMMITTEE CAMPAIGN TREASURER ADDRESS										

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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:	
2 FILER NAME JOHN STEVEN SMELLEY		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2400.00	
5 Date 4/2/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATT CONE	8 Amount of Contribution \$ 2400.00	9 In-kind contribution description YARD SIGNS TEXT MSG'S
7 Contributor address; City; State; Zip Code 11927 CHURCHILL CT. HOUSTON, TX 77024		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED, CEO		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
12 Contributor's principal occupation (FOR JUDICIAL) EXECUTIVE		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 4/2/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTEW CONE	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code 11927 CHURCHILL CT. HOUSTON, TX 77024		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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.