

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST DAVID	MI L
	NICKNAME	LAST SMITH	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8401 ROYAL MONTREAL DRIVE ROWLETT, TX 75089		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 315-7864
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST MICHELE	MI
	NICKNAME	LAST STOUTE-SMITH	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8401 ROYAL MONTREAL DRIVE ROWLETT, TX 75089		
	8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 315-7871
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 2 / 19 / 21 THROUGH Month Day Year 04 / 22 / 21		
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 21		ELECTION TYPE Primary Runoff General Special Other Description GISD SCHOOL BOARD
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) GISD SCHOOL BOARD TRUSTEE PL#4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
4/23/2021
YMT

Date Hand delivered or Date Postmarked
4/23/2021

Receipt # Amount \$

Date Processed

Date Imaged
4/23/2021

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
DAVID L 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4055.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2777.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1278.06
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.

David Larrick Smith
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 David Larrick Smith, and my date of birth is 9-28-1970

My address is 8401 Royal Montreal (street), Rowlett (city), TX (state), 75089 (zip code), USA (country)

Executed in Dallas County, State of Texas, on the 23 day of Apr, 2021

David Larrick Smith
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME DAVID L SMITH		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4055.09
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2777.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1309.16
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 4
2 FILER NAME David L Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/21	5 Full name of contributor out-of-state PAC (ID#: _____) Linda Johnson	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 1520 N. Beckley Ave. #1334, Dallas TX 75203		
8 Principal occupation / Job title (See Instructions) School Teacher		9 Employer (See Instructions) Trinity Basin Prep
Date 3/19/21	Full name of contributor out-of-state PAC (ID#: _____) LaChelle Evans	Amount of contribution (\$) \$300
Contributor address; City; State; Zip Code 6201 Chapel Hill Blvd. #3111 Plano, TX 75093		
Principal occupation / Job title (See Instructions) Senior Sales Manager		Employer (See Instructions) City of Frisco
Date 3/6/21	Full name of contributor out-of-state PAC (ID#: _____) Mary Pollinzi Brown	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3000 Blackburn St. #504 Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) SMU
Date 3/8/21	Full name of contributor out-of-state PAC (ID#: _____) Leslie Herbert	Amount of contribution (\$) \$100 -
Contributor address; City; State; Zip Code 683 Hawthorne St. Brooklyn, NY 11203		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Robert Half

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: 4
2 FILER NAME DAVID L. SMITH		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHESTER B. JOHNSON 6 Contributor address; City; State; Zip Code 900 W AVENUE D GARLAND TX 75040	7 Amount of contribution (\$) \$200-
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHYLLIS WILLIAMS Contributor address; City; State; Zip Code 9505 TERENCE DR ROWLETT TX 75089	Amount of contribution (\$) \$250-
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) GISD
Date 3/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE DUKAN Contributor address; City; State; Zip Code 6956 HARKIE HEIGHTS SCHERTZ TX 78154	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions) Director Marine Underwriting		Employer (See Instructions) Hartford
Date 3/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELLI COTTON Contributor address; City; State; Zip Code 2212 JACKS PASS AUSTIN TX 78734	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME DAVID L. SMITH		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweat Meat Fashions	7 Amount of contribution (\$) \$100-
6 Contributor address; City; State; Zip Code online contribution TPC16@hotmail.com		
8 Principal occupation / Job title (See Instructions) Retailer		9 Employer (See Instructions) Online Retailer
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERIE ROUSSELL	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code 7510 STONE HILL CT. GARLAND TX 75044		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) IDR
Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE SICKLER	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code 9209 HOGAN DR ROWLETT TX 75089		
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Present Marketing
Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILLY GIPSON	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code 982 W INTERSTATE 30 GARLAND TX 75140		
Principal occupation / Job title (See Instructions) Dallas County Constable		Employer (See Instructions) Dallas County

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: 4
2 FILER NAME DAVID L. SMITH		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD YEAKLE 6 Contributor address; City; State; Zip Code 1567 Co. Rd 4115 Campbell TX 75422	7 Amount of contribution (\$) \$100-
8 Principal occupation / Job title (See Instructions) Sales Manager		9 Employer (See Instructions) Ben E. Keith
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYANT PEARSON Contributor address; City; State; Zip Code 2324 LIMESTONE LN GARLAND TX 75040	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA NOBLE Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLIFFORD SMITH Contributor address; City; State; Zip Code	Amount of contribution (\$) \$400-
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 DAVID L SMITH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 150.00	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Lang	8 Amount of Contribution \$ 150	9 In-kind contribution description T-Shirts
7 Contributor address; City; State; Zip Code 8417 Royal Montreal Drive Rowlett TX 75089		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Aircraft Mechanic		11 Employer (FOR NON-JUDICIAL)(See Instructions) L3 Harris	
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		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.

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: 5	2 FILER NAME DAVID LARRICK SMITH	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/21	5 Payee name GoDaddy	
6 Amount (\$) \$121.04	7 Payee address; City; State; Zip Code 14455 N Hayden Rd, Ste. 219 Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate Website
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 3/6/21	Payee name Vista Print	
Amount (\$) \$873.32	Payee address; City; State; Zip Code P.O. Box 842882 Boston, MA 02284-2882	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Hats, Magnetic Car Signs, Yard Signs, Bizca
	Check if travel outside of Texas. Complete Schedule T. 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 3/30/21	Payee name Vista Print	
Amount (\$) \$75.76	Payee address; City; State; Zip Code P.O. Box 842882 Boston, MA 02284-2882	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business cards
	Check if travel outside of Texas. Complete Schedule T. 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

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: 5	2 FILER NAME DAVID LARRICK SMITH	3 Filer ID (Ethics Commission Filers)
4 Date 4/19/21	5 Payee name HOME DEPOT	
6 Amount (\$) \$42 ²²	7 Payee address; City; State; Zip Code 2201 LAKEVIEW PARKWAY ROWLETT TX 75088	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description POST DRIVER FOR METAL POST FOR YARD SIGNS
	<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

Date PROCESSED PER CONTRIBUTION	Payee name PAYPAL		
Amount (\$) \$100 ³³	Payee address; City; State; Zip Code 2211 NORTH FIRST STREET SAN JOSE CA 95131		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FEE FOR COLLECTING CONTRIBUTIONS	
	<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 3-23-21	Payee name BANK OF AMERICA VISA		
Amount (\$) \$873.32	Payee address; City; State; Zip Code P.O. BOX 15284 WILMINGTON DE 19850		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	Description PAYMENT OF VISA PRINT PURCHASE FOR \$873.32	
	<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

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: 5		2 FILER NAME DAVID LARRICK SMITH		3 Filer ID (Ethics Commission Filers)	
4 Date 4/10/21		5 Payee name BAR LOUIE			
6 Amount (\$) \$16.52		7 Payee address; City; State; Zip Code 340 CONEFLOWER DR GARLAND TX 75040			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE		(b) Description APPETIZER		
	(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 DAVID LARRICK SMITH		Office sought GISO BOT PLACEH	
Date 3/5/21		Payee name DALLAS DISTRICT ATTORNEY / DALLAS COUNTY			
Amount (\$) \$19.10		Payee address; City; State; Zip Code 1201 ELM ST. DALLAS, TX 75270			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXPENSE		Description VOTER LIST		
	<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	
Date 4/16/21		Payee name K + R SIGNS			
Amount (\$) \$900.20		Payee address; City; State; Zip Code 3915 MAIN ST. DALLAS, TX 75226			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description YARD SIGNS		
	<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	

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 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: 5		2 FILER NAME DAVID LARRICK SMITH		3 Filer ID (Ethics Commission Filers)	
4 Date 3/20/21		5 Payee name BAR LOUIE			
6 Amount (\$) \$51.65		7 Payee address; City; State; Zip Code 340 CONEFLOWER DR GARLAND TX 75040			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE		(b) Description LUNCH		
	(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 DAVID LARRICK SMITH		Office sought GISD BOT PLACE 4	
Date 3/27/21		Payee name OFFICE DEPOT			
Amount (\$) \$ 23.38		Payee address; City; State; Zip Code 1665 N TOWN EAST BLVD, UNIT 200 MESQUITE TX 75150			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CANDIDATE FLIERS		
	<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 DAVID LARRICK SMITH		Office sought GISD BOT PLACE 4	
Date 3/28/21		Payee name IHOP			
Amount (\$) \$22.06		Payee address; City; State; Zip Code 5175 N. GEORGE BUSH HWY GARLAND TX 75040			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE		Description BREAKFAST		
	<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 DAVID LARRICK SMITH		Office sought GISD BOT PLACE 4	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>		2 FILER NAME <u>DAVID LARRICK SMITH</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/19/21</u>		5 Payee name <u>LOWE'S</u>			
6 Amount (\$) <u>\$ 213.56</u>		7 Payee address; City; State; Zip Code <u>2949 N. GEORGE BUSH FREEWAY GARLAND TX 75040</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <u>METAL POSTS FOR YARD 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>4/20/21</u>		Payee name <u>HOME DEPOT</u>			
Amount (\$) <u>\$ 11.89</u>		Payee address; City; State; Zip Code <u>2201 LAKEVIEW PKWY ROWLETT, TX 75088</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <u>TIES FOR YARD 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		Office sought	
Date <u>4/20/21</u>		Payee name <u>CALL FIRE</u>			
Amount (\$) <u>\$ 300.00</u>		Payee address; City; State; Zip Code <u>1410 2ND ST, STE. 200 SANTA MONICA CA 90401</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <u>TEXT BLAST</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME David Larrick Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3/6/21	6 Payee name Vista Print	
7 Amount (\$) \$873.32	8 Payee address; City; State; Zip Code P.O. Box 842882 Boston, MA 02284-2882	
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) Advertising Expense	(b) Description Hats, Magnetic Car Signs, Yard Signs, Bizca
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/28/21	Payee name GoDaddy	
Amount (\$) \$121.04	Payee address; City; State; Zip Code 14455 N Hayden Rd, Ste. 219 Scottsdale, AZ 85260	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate Website
	(c) Check if travel outside of Texas. Complete Schedule T. 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