#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS MR OFFICE USE ONLY **OFFICEHOLDER** Thomas NAME Date Received NICKNAME 6mit SUFFIX RECEIVED Max 4 CANDIDATE / ADDRESS / PO BOX; JAN 16 2024 **OFFICEHOLDER** MAILING P.O. BOX 123 Meridian TX 76665 **ADDRESS BOSQUE CO. ELECTIONS** Change of Address 5 CANDIDATE/ TENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount S CAMPAIGN TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): STATE; TREASURER Meridian **ADDRESS** P.O. BOX 123 76665 (Residence or Business) CAMPAIGN ENSION TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day COVERED 7/1/23 12/31/23 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** X. Primary Runoff Month Other Description Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Bosque County A THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THIS BOX IS FOR ROTIGE OF POLITICAL CONTRIBUTIONS ACCEPTED ON POLITICAL EXPENDITORES 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

THE STREET STREET	respect to the second s	
15 C/OH NAME	Max Smith	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4313.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 44.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 2810.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 5789.13
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 7500.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	paried to be reported by the under Title 15, Election Code.	
		1
	Tax	ma/
	Signature of Cano	didate or Officeholder
	Diogra complete sities anti-us to the	
	Please complete either option below:	
(1) Affidavit	SUSAN G GODWIN Notary Public, State of Texas	
NOTARY STAMP / SEAL	My Commission Expires July 23, 2025	
Vall to the sales	Walter Company of the	
1)//	before me by this the	6th day of January
	which, witness my hand and seal of office.  Susan G. Gadwin	16ton O.C. o
Signature of officer administer		Title of officer administering oath
	OR	, and a second
(2) Unsworn Declaration		
	22.	
My name is	, and my date of birth is	
My address is	, and my date of birth is	•
	(otract)	
Executed in	(street) (city) (sta	te) (zip code) (country)
Executed III	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidate	e/Officeholder (Declarant)

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## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME  MAX SMITH  20 Filer ID (Ethics	s Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1100
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3213.81
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 7500
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2810.87
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	рн \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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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:
2 FILER NAME	Max Smith		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/23	5 Full name of contributor out-of-state PAC  LINDA SMITH  6 Contributor address; City;  2520 W. Waggoman	State; Zip Code Fort Worth TX	7 Amount of contribution (\$) \$500
Ma Ma	pation / Job title (See Instructions)  NAYNG PATTNEY	9 Employer (See Instruct  M + M	
Date	Full name of contributor	(10#:)	Amount of contribution (\$)
8/24/23	Contributor address; City; 712 Edgehi71 Dr. 1	State; Zip Code Turst, TX 76053	# 200
Principal occup	etion / Job title (See Instructions)	Employer (See Instructi	ons)
Date 10/4/23	Full name of contributor	State; Zip Code	Amount of contribution (\$)
	ontion / Job title (See Instructions) INESS OWNER		ons) Vichol< Exploration
Date	Full name of contributor out-of-state PAC  Contributor address; City;	(ID#:) State; Zlp Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O	ETHIS SCHEDULE AS NO	JEDIED.
	If contributor is out-of-state PAC, please see Instru	ction guide for additional re	porting requirements.

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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.

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:
2 FILER NAMI	Max Smith		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ -	9-
5 Date 8/14/23	6 Full name of contributor □ out-of-state PAC (IDI):  LINCLA SMITH  7 Contributor address; City; State;  2520 W. Waggoman Fort-Wor	ZIp Code HTX 7611D	8 Amount of Contribution \$ # 1030.56   Check if travel outs	9 In-kind contribution description Compaign letter Openers, bumper study Lampaign buttok Campaign banner de of Gaspaggette
JY	nupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI) M&M GVO	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:	Zip Code Worth IX	Amount of Contribution \$ #3183.25	In-kind contribution description SMAU & Large Campaign Yard Bigns de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FISCAPE SEV	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi	HIS SCHEDL	LEAS NEEDED additional reporting	ı requirements.

Forms provided by Texas Ethics Commission

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#### LOANS

#### SCHEDULE E

The Instruction Guide explains how to	1 Total pages Schedule E:	
Max Smith		3 Filer ID (Ethics Commission Filers
4 TOTAL OF UNITEMIZED LOANS		\$ ->
5 Date of loan 7 Name of lender Clautof	f-state PAC (ID#:	
7/12/23 Max Smith	)	9 Loan Amount (\$)
b Is lender a financial legitly then 8 Lender address; City;	State; Zip Code	# 1500 10 Interest rate
Y 0 PO BOX 123 Mer	idian, TX 76665	11 Maturity date
2 Principal occupation / Job title (See Instructions)	13 Employer (See January	
4 Description of Collateral	13 Employer (See Instructions) T. Macusell Sin	nith, PLLC
D none	Check if personal ful account (See Instruc	nds were deposited into political
6 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City;		
not applicable	State; Zlp Code	
Principal Occupation (See Instructions)		
	21 Employer (See Instructions)	
Date of loan Name of lender Carte (		
1/21/23   Max Smith	late PAC (ID#:)	Loan Amount (\$)
In land.		\$ 1000
a financial Lender address; City; Institution?	State; Zip Code	Interest rate
Y N Principal occupation / lab 411	leridian, TX 710165	Maturity date
Principal occupation / Job title (See instructions)	Employer (See Instructions)	
Description of Collateral	T.Maxwell Smi	Th, PLLC
none	Check If personal funds account (See Instruction	s were deposited into political
GUARANTOR Name of guarantor INFORMATION		
	j	Amount Guarantesd (\$)
Guarantor address; City;	State; Zip Code	
X not applicable		
rincipal Occupation (See Instructions)	Employer (See Instructions)	
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#### LOANS

#### SCHEDULE E

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

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The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Max Smith		3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$ 0-
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
12/28/23	Max Smith		\$5000
6 Is lender	8 Lender address; City;	Photos 75 A. Ju	10 Interest rate
a financiai Institution?	1	State; Zip Code	
Y (N)	P.O.BOX 123 N	leriaian, 1 x 76665	11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
149401	ney	T. MAYULELL &	mith PLLC
14 Description of Co	llateral /	15	
none		Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	Chales Tt. C.	1
not applicable	1	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:	Loan Amount (\$)
		-	
is lender a financial institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)		
,	on 1 000 and (Ode instructions)	Employer (See Instructions)	
Description of Colle	atoral		
	uiorei,	Check if personal fund	s were deposited into political
none		account (See Instruction	ons)
GUARANTÓR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	•	/ <b></b>	
	on (See Instructions)	Employer (See Instructions)	
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11 te	nder is out-of-state PAC, please see Ins	truction guide for additional rep	porting requirements.

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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.

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/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: 2 FILER NAME  MAX SMITH  3 Filer ID (Ethics Commission Filers)
4 Date 8/9/23	5 Payee name
6 Amount (\$)	7 Payee address;
345,59	1920 Wenneca Ave. Fort Worth TX 76102
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense Campaign T Shirts
9 Complete ONLY IS	(c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/	
Pate	r ayes name
8/21/23	Print World
Amount (\$)	Payee address; Clty; State; Zip Code
941.78	6023 E. Lancaster Ave. Fort Worth TX 76112
PURPOSE	Category (See Categories listed at the top of this schedule)  Description
OF EXPENDITURE	Advertising Expense Large Campaign Signs
Complete ONLY if direct	Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
expenditure to benefit C/O	Office sought
Date /	Payee pame Bosque County Attorney
8/28/23	Print-Norld
Amount (\$)	Payee address; City; State: 7th Code
420.01	6025 E. Lancaster Fort Worth TX 76/12
PURPOSE	Category (See Categories listed at the top of this schedule)  Description
OF EXPENDITURE	Advertising Expense Small Campaign
Complete ONLY 25 27	Check if travel culside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Office sought Office held
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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 Accounting/Banking Consulting Expense Contributions/Donations M

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politi Credit Card Payment	oal Committee Legal Services Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F	The Instruction Guide explains how to complete this form.  2 FILER NAME  MAX SM i'M  3 Filer ID (Ethics Commission Filers)
4 Date 123	5 Payee name/iX. COM
6 Amount (\$) 281.82	7 Payee address; City; State; Zip Gode Wix.com 500 Tery A François Blvd Sanfrancisco CA 94158
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense Campaign Website
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officebolder and Complete Schedule T. Check If Austin, TX, officebolder flying expense
11/22/23	Bosque County ReDublican Party
Amount (\$) 750	Payee address; City; State; Zip Code  505 N. 5th (twest Juile 111) (lifting TV
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See Categories listed at the top of this schedule)  Description  CHBCK If Vavel outside of Texas. Complete Schedule T.  Check If Austin TX of Backside II.
expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
129/23	Payee name  Stanes
Amount (\$) 27.05	Payee address; City; State; Zip Code 1660 So. University Dr. FortWorth TX 76107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  HAVENTISING EXPENSE COMPAGE BUSINESS  Check If travel outside of Town Court to Court of Court
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Office held Office held Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
ms provided by Texas Ethic	s Commission www.ethics.state.tx.us

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