

# 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: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  FIRST **Thomas** MI **M**  
NICKNAME **Max** LAST **Smith** SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

[REDACTED] CITY: **Meridian TX** STATE: **Texas** ZIP CODE **76665**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

[REDACTED] EXTENSION **29**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  FIRST **Susan** MI  
NICKNAME LAST **Godwin** SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

[REDACTED] CITY: **Meridian TX** STATE: **Texas** ZIP CODE **76665**

8 CAMPAIGN TREASURER PHONE

[REDACTED] EXTENSION **3**

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year **7 / 1 / 23** THROUGH Month Day Year **12 / 31 / 23**

11 ELECTION

ELECTION DATE: Month Day Year **3 / 5 / 24**  
ELECTION TYPE:  Primary     Runoff     Other Description  
 General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Bosque County Attorney**

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

Additional Pages

COMMITTEE TYPE:  GENERAL     SPECIFIC  
COMMITTEE NAME  
COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
**JAN 16 2024**  
**BOSQUE CO. ELECTIONS**

Date Hand-delivered or Date Postmarked

Receipt #    Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

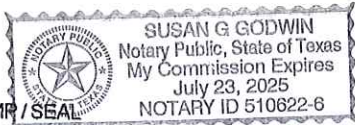
15 C/OH NAME <i>Max Smith</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4313.81</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>44.62</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2810.87</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>5789.13</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>7500.00</i>

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



Sworn to and subscribed before me by *Max Smith* this the *16th* day of *January*, 20*24*, to certify which, witness my hand and seal of office.  
*Susan G. Godwin* *Susan G. Godwin* *Notary Public*  
 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 <i>Max Smith</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1100</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3213.81</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>7500</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2810.87</i>
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	\$

# 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: <b>1</b>
2 FILER NAME <b>Max Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/24/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Smith</b>	7 Amount of contribution (\$) <b>\$500</b>
6 _____ State; Zip Code <b>Woman Fort Worth TX 76110</b>		
8 Principal occupation / Job title (See Instructions) <b>Managing Partner</b>		9 Employer (See Instructions) <b>M + M Group</b>
Date <b>8/24/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>M.O. Whited</b>	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>10/4/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edwin Nichols</b>	Amount of contribution (\$) <b>\$400</b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Edwin S. Nichols Exploration</b>
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)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <u>Max Smith</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>8/14/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linda Smith</u>	8 Amount of Contribution \$ <u>\$ 1030.56</u>	9 In-kind contribution description <u>Campaign letter openers, bumper stickers, campaign buttons, campaign banners &amp; posters</u>
	7 City, State; Zip Code <u>Fort Worth TX 76110</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Managing Partner</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>M&amp;M GROUP</u>	
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 <u>12/20/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Russell Smith</u>	Amount of Contribution \$ <u>\$ 2183.25</u>	In-kind contribution description <u>small &amp; large campaign yard signs</u>
	City, State; Zip Code <u>Fort Worth TX 76110</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>President</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>Qualitiscap Services, Inc.</u>	
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.

# LOANS

# SCHEDULE E

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 E: 2

2 FILER NAME

Max Smith

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7/12/23

7 Name of lender

Max Smith

out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

\$1500

6 Is lender a financial institution?

Y  N

8 Lender address;

City; State; Zip Code

10 Interest rate

Meridian, TX 76665

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

T. Maxwell Smith, PLLC

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

11/21/23

Name of lender

Max Smith

out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

\$1000

Is lender a financial institution?

Y  N

Lender address;

City;

State; Zip Code

Interest rate

Meridian, TX 76665

Maturity date

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

T. Maxwell Smith, PLLC

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# LOANS

# SCHEDULE E

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 E:

2

2 FILER NAME

Max Smith

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

12/28/23

7 Name of lender

Max Smith

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$ 5000

6 Is lender a financial institution?

Y  N

8



State; Zip Code

Meridian, TX 76665

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

T. Maxwell Smith, PLLC

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City;

State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: <b>2</b>	2 FILER NAME <b>Max Smith</b>	3 Filer ID (Ethics Commission Filers)
--	----------------------------------	---------------------------------------

4 Date <b>8/9/23</b>	5 Payee name <b>Sports Near Graphics</b>
-------------------------	---

6 Amount (\$) <b>345.59</b>	7 Payee address; City; State; Zip Code <b>1920 Wenneca Ave. Fort Worth TX 76102</b>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Campaign T shirts</b>
	(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 <b>Max Smith</b>	Office sought <b>Bosque County Attorney</b>
---	---	--

Date <b>8/21/23</b>	Payee name <b>Print World</b>
------------------------	----------------------------------

Amount (\$) <b>941.78</b>	Payee address; City; State; Zip Code <b>6025 E. Lancaster Ave. Fort Worth TX 76112</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Large Campaign Signs</b>
	<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 <b>Max Smith</b>	Office sought <b>Bosque County Attorney</b>
---	---	--

Date <b>8/28/23</b>	Payee name <b>Print World</b>
------------------------	----------------------------------

Amount (\$) <b>420.01</b>	Payee address; City; State; Zip Code <b>6025 E. Lancaster Fort Worth TX 76112</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>small campaign yard signs</b>
	<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 <b>Max Smith</b>	Office sought <b>Bosque County Attorney</b>
---	---	--

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: <b>2</b>	2 FILER NAME <b>MAX SMITH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/22/23</b>	5 Payee name <b>WIX.COM</b>	
6 Amount (\$) <b>281.82</b>	7 Payee address; <b>wix.com</b> <b>500 Terry A Francois Blvd San Francisco CA 94158</b> City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>campaign website</b>
	(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 <b>MAX SMITH</b> Office sought <b>Bosque County Attorney</b> Office held	
Date <b>11/22/23</b>	Payee name <b>Bosque County Republican Party</b>	
Amount (\$) <b>750</b>	Payee address; <b>505 N. 5th Street Suite 240 Clifton TX 76634</b> City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Candidate Application Filing Fee</b>
	<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 <b>MAX SMITH</b> Office sought <b>Bosque County Attorney</b> Office held	
Date <b>12/29/23</b>	Payee name <b>Staples</b>	
Amount (\$) <b>27.05</b>	Payee address; <b>1660 So. University Dr. Fort Worth TX 76107</b> City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>campaign Business cards</b>
	<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 <b>MAX SMITH</b> Office sought <b>Bosque County Attorney</b> Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED