A CANDIDATE / OFFICE HOLDER   APT I SUITE # CITY. STATE: 71P CODE   APT I SUITE # CITY. TO CODE   APT I SUITE # CITY	CANDIDA	ON FINAN			
OFFICE HOLDER NAME  NICHAME  ACANDIDATE / OFFICE HOLDER NICHAME  ACANDIDATE / OFFICE HOLDER NICHAME  ACANDIDATE / OFFICE HOLDER APT I SUITE # CITY. PATS TO OOF TREASURER PHONE  ARAC CODE PHONE NUMBER  EXTENSION  ARAC CODE PHONE NUMBER  EXTENSION  Date Imaged  ARAC CODE PHONE NUMBER  EXTENSION  Date Imaged  Date Imag					
OFFICEHOLDER MAILING ADDRESS CANDIDATE CALLER PASS CANDIDATE CALLER PHONE CALLER PASS CANDIDATE CALLER PHONE CALLER PASS CANDIDATE CALLER PHONE CALLER PHONE CALLER PASS CALLER PAS	OFFICEHOLDER	MR.	DAVID	Switt	OFFICE USE ONLY
Date Hand Supering Last   Date Hand Supering Last   Date Hand Supering Last   Date Hand Supering Last   Date Processed   Date Hand Supering Last   Date Processed   Date Hand Supering Last   Date Processed   Date Imaged   Dat	OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/	1529 MOWN	PANTHER CR	75457	
TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: WOUNT VERNOUNT TX 7.  3 CAMPAIGN TREASURER ADDRESS (Residence or Business)  3 CAMPAIGN TREASURER PHONE  4 January 15  5 Joint day before election Runoff Ireasurer appointment (Officeholder Only)  5 PERIOD COVERED  5 July 15  6 Eth day before election Exceeded Modified Reporting Limit Final Raport (Attach CIC)  6 O PERIOD COVERED  7 July 15  6 Eth day before election Exceeded Modified Reporting Limit Final Raport (Attach CIC)  7 July 15  8 CAMPAIGN TREASURER PHONE  9 January 15  10 July 15  11 July 15  12 July 15  13 OFFICE OBJECTION TYPE  14 July 15  15 July 16  16 Eth day before election Exceeded Modified Reporting Limit  17 July 16  18 Final Raport (Attach CIC)  19 Primary Runoff Other Description  10 Description  11 July 15  12 July 15  13 OFFICE SOUGHT (If known)  14 July 15  15 July 15  16 July 15  17 July 15  18 July 15  19 July 15  19 July 15  20 PERIOD COVERED  7 July 15  20 July 15  21 July 15  22 OFFICE  4 July 15  4 J	PHONE  6 CAMPAIGN TREASURER	MS/MRSTMB	DAVID.		Receipt S
TREASURER PHONE    3/4   289 - 1052	TREASURER ADDRESS	STREET ADDRESS	SMITH (NO PO BOX PLEASE); APT / SU! PRINTHER CREE		
January 15   30th day before election   Runoff   15th day after campaign treasurer appointment (Officeholder Only)	TREASURER PHONE			EXTENSION	
PERIOD COVERED  Month Day Year  Month Day Year  THROUGH  Month Day Year  THROUGH  Month Day Year  Primary Runoff Description  Special  COFFICE  OFFICE  OFFICE HELD (if any)  AWILLIA GUNTY COMMISSINGLE REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWL.  COMMITTEE TYPE COMMITTEE NAME  Additional Pages  Month Day Year  Primary Runoff Delection Type  Special  Special  THROUGH  A J J J J J J J J J J J J J J J J J J	REPORT TYPE			on Exceeded Modified	(Officeholder Only)
Month Day Year Primary Runoff Other Description  Coffice  OFFICE  OFFICE HELD (if any)  NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages  ELECTION TYPE  In other Description  Other	COVERED		,	Month	Day Year
NOTICE FROM POLITICAL COMMITTEE(S)  This box is for notice of political contributions accepted or political expenditures made by political committees to consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures name  COMMITTEE TYPE  COMMITTEE ADDRESS  Additional Pages  Additional Pages  THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEES TO POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO COMMITTEES TO OFFICEHOLDER'S KNOWLE COMMITTEE OF SUCH EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLE COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE ADDRESS	1 ELECTION		Year Primary	ELECTION TYPE  Runoff Other Description	, 200
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWL CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPEN  COMMITTEE TYPE COMMITTEE NAME  Additional Pages  Additional Pages		FRANKLIN	County Commis	STORKER PREL. 4	
Additional Pages  General  COMMITTEE NAME  COMMITTEE ADDRESS	POLITICAL	THE CAMEDIDATES	E OF POLITICAL CONTRIBUTIONS ACC EHOLDER. THESE EXPENDITURES M/ AND OFFICEHOLDERS ARE REQUIRED	EPTED OR POLITICAL EXPENDITURES MAD	E BY POLITICAL COMMITTEES TO SUPPORT ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y RECEIVE NOTICE OF SUCH EXPENDITURES.
	Additional Pages	GENERAL	COMMITTEE NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

15 C/OH NAME		EREPORT		COVER	SHEET PG
DAVID	Seott	SMITH	16	Filer ID (Ethic	s Commission Filers)
17 CONTRIBUTION TOTALS	LLLUG	UNITEMIZED POLITICAL CONTRIBUTIONS (OT EES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	THER THAN	\$	0
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF	OF LOANS)	\$	Ω
EXPENDITURE TOTALS		UNITEMIZED POLITICAL EXPENDITURE.		\$	0
	4. TOTAL	POLITICAL EXPENDITURES		\$	7)
CONTRIBUTION BALANCE	5. TOTAL P	POLITICAL CONTRIBUTIONS MAINTAINED AS OURTING PERIOD	F THE LAST D	AY \$	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LO. Y OF THE REPORTING PERIOD	ANS AS OF TH	<b>\$</b>	
				ate of Officeho	lder
		Please complete either option		ate of Officeho	lder
) Affidavit				ate or Officeho	lder
) <b>Affidavit</b> NOTARY STAMP/SEAL				ate or Officeho	lder
NOTARY STAMP/SEAL	ore me by	Please complete either option	below:		
NOTARY STAMP/SEAL	ore me by h, witness my hand	Please complete either option	below:		
NOTARY STAMP/SEAL  worn to and subscribed before , to certify whice	ch, witness my hand	Please complete either option	below:	day of	
NOTARY STAMP/SEAL  worn to and subscribed before  compared to the control of the compared to t	ch, witness my hand	Please complete either option	below:	day of	•
NOTARY STAMP/SEAL  worn to and subscribed before  , to certify which  nature of officer administering of  Unsworn Declaration	ch, witness my hand	Please complete either option  d and seal of office.  Printed name of officer administering oath  OR	below:	day of	•
NOTARY STAMP/SEAL  worn to and subscribed before , to certify whice	Scott S	Please complete either option  d and seal of office.  Printed name of officer administering oath  OR  OR  AMITH	below:	day of  Title of office	er administering oath

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LVLENDITURE	1					
TOTALS	3. TOTAL	UNITEMIZED POLITIO	CAL EXPENDITURE.		\$	0
CONTRIBUTION	4. TOTAI	L POLITICAL EXPEN	DITURES		\$	$\overline{\mathcal{O}}$
CONTRIBUTION BALANCE	5. TOTAL OF RE	POLITICAL CONTRIBUTED PORTING PERIOD	JTIONS MAINTAINED A	S OF THE LAST DA	Y \$	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT ( DAY OF THE REPORTII	OF ALL OUTSTANDING NG PERIOD	LOANS AS OF THE	\$	
18 SIGNATURE I s	wear, or affirm, und	der penalty of perjury, I by me under Title 15,	- War	report is true and	ZA	
		Please comp	olete either opti	on below:		
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed b	efore me by	nd and seal of office.		this the	day of_	
Signature of officer administerir	ng oath	Printed name of office	cer administering oath		Title of offi	icer administering oath
			OR		THE OF OH	cer auministering oath
(2) Unsworn Declaration	1					
My name is DAVIO  My address is 1529 F  Executed in FRANKII	(stree County, Sta	t) ate of TEYAS	<u> </u>		9-26 75457 (zip code) , 20 24 (year)	(country)
orms provided by Texas Ethic	s Commission	www.ethi	cs.state.tx.us			Revised 11/15/202